

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90013 003 ***150.00

DOCUMENT # J61806

1. Entity Name
INTERNATIONAL ANESTHESIOLOGY ASSOCIATES, INC.



Principal Place of Business
**1100 NW 95TH ST
2ND FLOOR
MIAMI, FL 33150-2038**

Mailing Address
**POST OFFICE BOX 530759
MIAMI, FL 33153**

24003348



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2816117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMBERT, LYNDALL
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SCHOU, MICHAEL, MD**
STREET ADDRESS **1100 NW 95 ST #126**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☒ Change ☐ Addition
NAME **4245 Lake Road**
STREET ADDRESS **Miami FL 33137**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **VENDRYES, CHRIS MD**
STREET ADDRESS **1100 NW 95 ST #126**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☒ Change ☐ Addition
NAME **14422 SW 92 court**
STREET ADDRESS **Miami FL 33176**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **PRESIDENT**
MICHAEL J. SCHOU

1-15-04 3056943775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #