

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J80841

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: SURGICAL PARK ANESTHESIA GROUP, P.A.

## Current Principal Place of Business:

9100 S.W. 87TH AVE.  
MIAMI, FL 33176 US

## New Principal Place of Business:

## Current Mailing Address:

GERALD KRANIS MD  
12245 SW 101 TERRACE  
MIAMI, FL 33186

## New Mailing Address:

GERALD KRANIS MD  
8350 SW 149 DRIVE  
MIAMI, FL 33158

FEI Number: 65-0016817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRANIS, GERALD MD  
12245 SW 101 TERRACE  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

KRANIS, GERALD MD  
8350 SW 149 DRIVE  
MIAMI, FL 33158 US

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.

SIGNATURE:

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: KRANIS, GERALD,  
Address: 12245 SW 101 TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: V ( ) Delete  
Name: CONNOR, SETH  
Address: 9100 SW 87TH AVE  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: KRANIS, GERALD,  
Address: 8350 SW 149 DRIVE  
City-St-Zip: MIAMI, FL 33158

Title: V (X) Change ( ) Addition  
Name: CONNOR, SETH  
Address: 9100 SW 87TH AVE  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD KRANIS

PSD

04/27/2005

Electronic Signature of Signing Officer or Director

Date