2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# K94427

Entity Name: ANESTHESIOLOGY ASSOCIATES OF TALLAHASSEE, P.A.

Current Principal Place of Business:

2173 A CENTERVILLE PL
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2173 A CENTERVILLE PL
TALLAHASSEE, FL 32308

New Mailing Address:

1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323

FEI Number: 59-2970442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, JOSEPH J
2173-A CENTERVILLE PLACE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MARTUS, JAY A
1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 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: JAY A. MARTUS 04/25/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DENNIE, JOHN E
Address: 2173-A CENTERVILLE PL
City-St-Zip: TALLAHASSEE, FL

Title: VD ( ) Delete
Name: CONRAD, DANIEL P
Address: 2173-A CENTERVILLE PLACE
City-St-Zip: TALLAHASSEE, FL

Title: DP (X) Delete
Name: HENRY, RICHARD L
Address: 2173 A CENTERVILLE PL
City-St-Zip: TALLAHASSEE, FL

Title: D (X) Delete
Name: SELL, BRENCE A
Address: 2173- A CENTERVILLE PL
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Delete
Name: ONEILL, JAMES F
Address: 2173- A CENTERVILLE PL
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Delete
Name: LOEFFLER, NANCY L
Address: 2173- A CENTERVILLE PL
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: DROZDOW, GILBERT
Address: 1613 NORTH HARRISON PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: VP (X) Change ( ) Addition
Name: HENRY, RICHARD L
Address: 2173-A CENTERVILLE PLACE
City-St-Zip: TALLAHASSEE, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GILBERT DROZDOW PST 04/25/2006
Electronic Signature of Signing Officer or Director Date