2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004
Secretary of State

DOCUMENT# M70252

Entity Name: SOUTHERN ANESTHESIA SERVICES, INC.

Current Principal Place of Business:

% VALERIE MCALLISTER
834 SEVILLA
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

% VALERIE MCALLISTER
834 SEVILLA
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0029196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCALLISTER, VALERIE
834 SEVILLA
CORAL GABALES, FL

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCALLISTER, VALERIE,
Address: 834 SEVILLA
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: VALERIE MCALLISTER P 07/12/2004

Electronic Signature of Signing Officer or Director — Date