


**-2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 17, 2006 8:00 am  
Secretary of State**

04-03-2006 90385 024 \*\*\*150.00

<b>DOCUMENT # M70252</b> 1. Entity Name <b>SOUTHERN ANESTHESIA SERVICES, INC.</b>	
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Principal Place of Business <b>% VALERIE MCALLISTER 834 SEVILLA CORAL GABLES, FL 33134</b>	Mailing Address <b>% VALERIE MCALLISTER 834 SEVILLA CORAL GABLES, FL 33134</b>
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03232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0029196</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

8. Name and Address of Current Registered Agent  <b>MCALLISTER, VALERIE 834 SEVILLA CORAL GABLES, FL</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 Valerie McAllister Valerie McAllister 4/17/06  
Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCALLISTER, VALERIE 834 SEVILLA CORAL GABLES, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Valerie McAllister 4/17/06 305-444-8114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #