


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90055 011 ****61.25

DOCUMENT # N96000001871		
1. Entity Name BAY AREA SOCIETY OF ANESTHESIOLOGISTS, INC.		

Principal Place of Business TAMPA GENERAL HOSPITAL, DEPT. OF ANESTH. ROOM G-208, DAVIS ISLANDS TAMPA, FL 33606	Mailing Address TAMPA GENERAL HOSPITAL, DEPT. OF ANESTH. ROOM G-208, DAVIS ISLANDS TAMPA, FL 33606
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44022440



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03092004 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number 59-3391327	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARRETT, CHARLES V III 307 SOUTH FIELDING AVENUE TAMPA, FL 33606		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROOM G-208 TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHUSTER, ANTHONY MD 12901 BRUCE B DOWNS BLVD., MDC 59 TAMPA, FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PATRICIA T.G.H., DEPT. OF ANESTH., ROOM G-208 TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T KLEIN, MALCOLM MD 12901 BRUCE B DOWNS BLVD., MDC 59 TAMPA, FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/P SOTO, ROY MD 12901 BRUCE B DOWNS BLVD, MDC 59 TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWEIGER, HANS MD 12901 BRUCE B BROWN TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUSSON, ZELDA 94 BALTIMORE TAMPA, FL 33608	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 617, 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: Pat Smith **Pat Smith**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/18/04 Daytime Phone #: 813-844-7438