2007 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Feb 02, 2007 08:00 AN	
DOCUMENT # P00000042033 1. Entity Name BAYSHORE ANESTHESIA, P.A.				Secretary of State	
Principal Plac 120 BAYOU NICEVILLE, F	DRIVE	Mailing Address 120 BAYOU DRIVE NICEVILLE, FL 32578	<u></u>		
D	O NOT WRITE		CE	01292007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3642299 Not Applied 5. Certificate of Status Desired \$8.75 \$8.75 Additional Fee Required	
120 BAYO	6. Name and Address of Current B RICK, ARTHUR PAUL U DRIVE 5. FL 32578	egistered Agent	-	DO NOT WRITE IN THIS SPACE	
the obligat	lons of registeric range of registered agent an		ed Agent Signétura required	ered agent, or both, in the State of Florida. 3 am familiar with, and acc //29/07 red when reinstating) 5.00 May Be	
	E NOW!!! FEE 13 \$150.00 ny 1, 2007 Fee will be \$550.0 	0 Trust Fund Contribution		ided to Fees	
TUTLE NAME STREET ADDRESS CITY-ST-ZIP	D BROADERICK, ARTHUR P 120 BAYOU DRIVE NICEVILLE, FL 32578			U00000617208	
TITLE NAME STREET ADDRESS CITY-ST-2IP				02/07/07-80065-015 150.00	
HTLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			-	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and of the state o	na an an an ann an an an an an an an an			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	certify that the information supplied with t on this report or supplementar perior is l poration or the receiver or prostee empo- or on an attachment with importerss, y fURE:	his filling does not qualify for the ex rue and ensurate and that my signa word to recute this report as requ thrall other like empowered.	emptions contained ature shall have the lired by Chapter 607	ed in Chapter 119, Florida Statutes. I further certify that the informati e same legal effect as if made under oath; that I am an officer or direc 07, Florida Statutes; and that my name appears in Block 10 or Block	