



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90658 033 ***150.00

DOCUMENT # P00000052369 1. Entity Name EMERSON ANESTHESIA SERVICES, P.A.					
Principal Place of Business 4545 EMERSON ST. EXPRESSWAY EXPRESSWAY, FL 32207			Mailing Address 4545 EMERSON ST. EXPRESSWAY EXPRESSWAY, FL 32207		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3649520	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AKEL, EDWARD C 1 INDEPENDENT DR., SUITE 2301 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DEMIRANDA, EDWARD G 4545 EMERSON STREET EXPRESSWAY JACKSONVILLE, FL 32207		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	
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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 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: <u>Edward G. De Miranda</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Director Date <u>4/29/04</u> (904) 399-2600 Daytime Phone #		