


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90043 017 \*\*\*150.00

<b>DOCUMENT # P0000052369</b> 1. Entity Name EMERSON ANESTHESIA SERVICES, P.A.	
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Principal Place of Business 4545 EMERSON ST. EXPRESSWAY JACKSONVILLE, FL 32207	Mailing Address 4545 EMERSON ST. EXPRESSWAY JACKSONVILLE, FL 32207
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**50030884**

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3649520	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

02032005 Chg-P CR2E034 (10/03)

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	
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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
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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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 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:** *E. G. De Miranda* Edward G. De Miranda, Director *3/22/05* *399-2600*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #