

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055804

FILED
Apr 04, 2004
Secretary of State

Entity Name: SHERIDAN ANESTHESIA SERVICES, INC.

Current Principal Place of Business:

POST OFFICE BOX 1946
HOMOSASSA SPRINGS, FL 34447

New Principal Place of Business:

137 ANTON COURT
HOMOSASSA SPRINGS, FL 34446

Current Mailing Address:

POST OFFICE BOX 1946
HOMOSASSA SPRINGS, FL 34447

New Mailing Address:

POST OFFICE BOX 1923
MCKINNEY, TX 75070

FEI Number: 56-2336460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERIDAN, PATRICIA
137 ANTON COURT
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SHERIDAN, PATRICIA
Address: PO BOX 1946
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: SHERIDAN, PATRICIA
Address: 137 ANTON COURT
City-St-Zip: HOMOSASSA, FL 34446

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SHERIDAN, CRNA

PCEO

04/04/2004

Electronic Signature of Signing Officer or Director

Date