2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055804

Entity Name: SHERIDAN ANESTHESIA SERVICES, INC.

FILED Feb 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

137 ANTON COURT 180 PINE STREET HOMOSASSA SPRINGS, FL 34446 HOMOSASSA, FL 34446

Current Mailing Address: 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: Name and Address of New Registered Agent:

SHERIDAN, PATRICIA

137 ANTON COURT

180 PINE STREET

HOMOSASSA, FL 34446 US HOMOSASSA, FL 34446 US

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: 02/20/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PCEO () Delete Title: PCEO (X) Change () Addition

 Name:
 SHERIDAN, PATRICIA
 Name:
 SHERIDAN, PATRICIA

 Address:
 137 ANTON COURT
 Address:
 180 PINE STREET

 City-St-Zip:
 HOMOSASSA, FL 34446
 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 CEO 02/20/2005