

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 31, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000056210

**1. Entity Name:
REDDICK ANESTHESIA SERVICES, INC.**



**Principal Place of Business
933 MICHIGAN AVENUE
PALM HARBOR, FL 34683**

**Mailing Address
933 MICHIGAN AVENUE
PALM HARBOR, FL 34683**



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3652581**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REDDICK, JODIE
933 MICHIGAN AVENUE
PALM HARBOR, FL 34683**

**DO NOT WRITE
IN THIS SPACE**

7. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

000000098344

03/31/04-80002-003 150.00

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
REDDICK, JODIE
933 MICHIGAN AVE
PALM HARBOR, FL 34683**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jodie Reddick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-04 (727) 772-2865

Date

Daytime Phone #