


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90105 039 ***150.00

DOCUMENT # P00000056290 1. Entity Name ANESTHESIA AND CRITICAL CARE SPECIALISTS OF PALM BEACH, P.A.					
Principal Place of Business 903 45TH ST ATTN: ANESTHESIA DEPT WEST PALM BEACH, FL 33407 US			Mailing Address 903 45TH ST ATTN: ANESTHESIA DEPT WEST PALM BEACH, FL 33407 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 74-3031395	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COHEN, JEFFREY 54 N.E. 4TH AVENUE DELRAY BEACH, FL 33483				Name JEFFREY ZANE Street Address (P.O. Box Number is Not Acceptable) 4800 RIVERSIDE DRIVE Suite 101 City Palm Beach Gardens FL Zip Code 33410	
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 JEFFREY ZANE DATE 02-21-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD GRINBERG, FRANCISCO 218 MERRAIN ROAD PALM BEACH, FL 33480 <input checked="" 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	VD BELL, ELIJAH J 1369 11 STREET WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bell, Elijah J 8391 Man O War Road Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD PEASE, SONYA M 3540 PALM DRIVE WEST PALM BEACH, FL 33404 <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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jonathan Pease, MD Sec Treas ACS (561) 840-3444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					