

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056290

FILED
Jan 09, 2008
Secretary of State

Entity Name: ANESTHESIA AND CRITICAL CARE SPECIALISTS OF PALM BEACH, P.A.

Current Principal Place of Business:

903 45TH ST
ATTN: ANESTHESIA DEPT
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

903 45TH ST
ATTN: ANESTHESIA DEPT
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 74-3031395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZANE, JEFFREY
4800 RIVERSIDE DR
STE. 101
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

ZANE, JEFFREY
4100 RCA BLVD
STE. 100
PALM BEACH GARDENS, FL 33410 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: JEFFERY ZANE

01/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELL, ELIJAH J
Address: 8391 MAN O WAR RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SDTD () Delete
Name: PEASE, SONYA M
Address: 3540 PALM DRIVE
City-St-Zip: WEST PALM BEACH, FL 33404

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: MILLER, BRIAN T
Address: 2435 WESTMONT DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SONYA PEASE, MD

SDTD

01/09/2008

Electronic Signature of Signing Officer or Director

Date