## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000078833

Entity Name: PREMIER ANESTHESIA, P.A.

FILED Apr 15, 2005 Secretary of State

•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
310 WEST MEATH GREENVILLE, NC 27858				125 HALLS HARBOR ROAD HARBINGER, NC 27941	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	S HARBOR RE ER, NC 27941				
FEI Number	: 59-3672108	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
5719 SUN PANAMA ( The above		FL 32413 US	ne purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI					
		nic Signature of Registered	Agent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( BRICKHOUSE, 125 HALLS HA HARBINGER, N	RBOR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	CHARLES, JAC 310 WEST ME	ATH DRIVE	Title: Name: Address: Citys St. Zip:	( ) Change ( ) Addition	

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: DONNA BRICKHOUSE CRNA P 04/15/2005