2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005
Secretary of State

DOCUMENT# P00000089784

Entity Name: EXCEL ANESTHESIA SERVICE, INC.

Current Principal Place of Business:

256 GALA CIR
DAYTONA BEACH, FL 32124

New Principal Place of Business:

10 PROMENADE AT LIONSPAW
DAYTONA BEACH, FL 32124

Current Mailing Address:

256 GALA CIR
DAYTONA BEACH, FL 32124

New Mailing Address:

10 PROMENADE AT LIONSPAW
DAYTONA BEACH, FL 32124

FEI Number: 59-3678219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENJAMIN, CLIFFORD H
739 MASON AVE.
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

RAPOSA, DENNIS CPA
444 SEABREEZE BLVD
DAYTONA BEACH, FL 32118 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: DENNIS RAPOSA, CPA 02/12/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: SMITH, ELEASE
Address: 1357 HOPTON CIRCLE
City-St-Zip: MT PLEASANT, SC 29466

Title: PD ( ) Delete
Name: SMITH, BETH A
Address: 256 GALA CIR.
City-St-Zip: DAYTONA BEACH, FL 32124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SMITH, ELEASE
Address: 4414 HUMMINGBIRD COURT
City-St-Zip: FT. WORTH, TX 76137

Title: PD (X) Change ( ) Addition
Name: SMITH, BETH A
Address: 10 PROMENADE AT LIONSPAW
City-St-Zip: DAYTONA BEACH, FL 32124

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: BETH SMITH PD 02/12/2005
Electronic Signature of Signing Officer or Director Date