

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089784

FILED  
Mar 05, 2006  
Secretary of State

Entity Name: EXCEL ANESTHESIA SERVICE, INC.

## Current Principal Place of Business:

10 PROMENADE AT LIONSPAW  
DAYTONA BEACH, FL 32124

## New Principal Place of Business:

89 N ATLANTIC AVE #803  
ORMOND BEACH, FL 32176

## Current Mailing Address:

10 PROMENADE AT LIONSPAW  
DAYTONA BEACH, FL 32124

## New Mailing Address:

767 N BEACH STREET  
ORMOND BEACH, FL 32174

FEI Number: 59-3678219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAPOSA, DENNIS, CPA  
444 SEABREEZE BLVD  
DAYTONA BEACH, FL 32118 US

## Name and Address of New Registered Agent:

SMITH, BETH  
767 N BEACH STREET  
ORMOND BEACH, FL 32174 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: BETH A SMITH

03/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: SMITH, ELEASE  
Address: 5441 CROWDER DRIVE  
City-St-Zip: FT. WORTH, TX 76179

Title: PD (X) Change ( ) Addition  
Name: SMITH, BETH A  
Address: 767 N BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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: BETH A SMITH

PD

03/05/2006

Electronic Signature of Signing Officer or Director

Date