

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089784

**FILED**  
**Jan 07, 2007**  
**Secretary of State**

**Entity Name:** EXCEL ANESTHESIA SERVICE, INC.

**Current Principal Place of Business:**

89 N ATLANTIC AVE #803  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

89 S ATLANTIC AVE #803  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

767 N BEACH STREET  
ORMOND BEACH, FL 32174

**New Mailing Address:**

89 S ATLANTIC BLVD #803  
ORMOND BEACH, FL 32176

**FEI Number:** 59-3678219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, BETH  
767 N BEACH STREET  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

SMITH, BETH  
89 S ATLANTIC BLVD  
ORMOND BEACH, FL 32176 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 ANNE SMITH

01/07/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** VP (X) Change ( ) Addition  
**Name:** SMITH, ELEASE  
**Address:** 101 AMSTERDAM PLACE  
**City-St-Zip:** MADISON, AL 35758

**Title:** PD (X) Change ( ) Addition  
**Name:** SMITH, BETH A  
**Address:** 89 S ATLANTIC BLVD  
**City-St-Zip:** ORMOND BEACH, FL 32176

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 ANNE SMITH

PD

01/07/2007

Electronic Signature of Signing Officer or Director

Date