2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90468 025 ***150.00

DOCUMENT # P00000109394

1. Entity Name
HURON ANESTHESIA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1930 PARK MEADOWS DR, #5 FT MYERS, FL 33907	1930 PARK MEADOWS DR, #5 FT MYERS, FL 33907

04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12659 New Brittany Blvd.	12659 New Brittany Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Myers Fl	City & State: Ft Myers FL
Zip: 33907 Country: USA	Zip: 33907 Country: USA

4. FEI Number: 65-1061881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERNORY, KROSS 6330 KEY BISCAYNE BLVD. FORT MYERS, FL 33908	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRASS, BERNARD 1930 PARK MEADOWS DR, #5 FT MYERS, FL 33907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12659 New Brittany Blvd. Ft Myers FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRASS, GERARD 1930 PARK MEADOWS DR, #5 FT MYERS, FL 33907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12659 New Brittany Blvd. Ft Myers FL 33907
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernard M. Krass 4-30-04 239 841 4743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #