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
1930 PARK MEADOWS DR, #5
FT MYERS, FL 33907

Mailing Address
1930 PARK MEADOWS DR, #5
FT MYERS, FL 33907

2. Principal Place of Business
12659 New Brittany Blvd.
Suite, Apt. #, etc.

3. Mailing Address
12659 New Brittany Blvd.
Suite, Apt. #, etc.

04132004 Chg-P CR2E034 (10/03)

City & State: Ft Myers Fl
Zip: 33907 Country: USA

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4. FEI Number: 65-1061681 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
BERNORY, KROSS
6330 KEY BISCAYNE BLVD.
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 D ☐ Delete NAME KRASS, BERNARD STREET ADDRESS 1930 PARK MEADOWS DR, #5 CITY-ST-ZIP FT MYERS, FL 33907		TITLE NAME STREET ADDRESS 12659 New Brittany Blvd. CITY-ST-ZIP Ft Myers FL 33907	☒ Change ☐ Addition
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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 #