

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110296

Entity Name: S. ANESTHESIA, INC.

FILED  
Apr 21, 2004  
Secretary of State

**Current Principal Place of Business:**

4314 HWY 77  
GRACEVILLE, FL 32440

**New Principal Place of Business:**

4310 HWY 77  
GRACEVILLE, FL 32440

**Current Mailing Address:**

4314 HWY 77  
GRACEVILLE, FL 32440

**New Mailing Address:**

4310 HWY 77  
GRACEVILLE, FL 32440

FEI Number: 59-3683986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NUNLEY, STEVEN L  
Address: 101 MONTROSE COURT #101  
City-St-Zip: DOTHAN, AL 36305

Title: D ( ) Delete  
Name: NUNLEY, BEVERLY K  
Address: 8906 ST. PIERRE LANE  
City-St-Zip: CHARLOTTE, NC 28277

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVEN NUNLEY

D

04/21/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date