
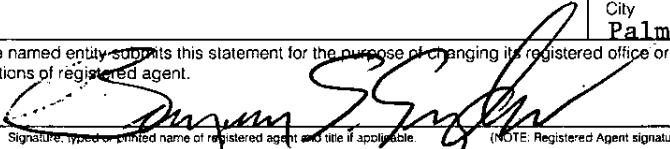
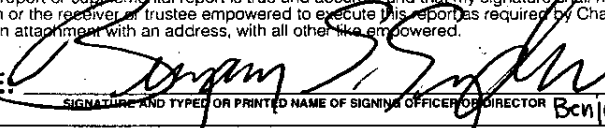


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90304 015 ***150.00

DOCUMENT # P00000111517					
1. Entity Name ANESTHESIA ASSOCIATES OF SOUTHERN OHIO, INC.					
Principal Place of Business 4362 NORTHLAKE BLVD. SUITE 207 PALM BEACH GARDENS, FL 33410			Mailing Address PO BOX 85057 SAN DIEGO, CA 92186		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1070024	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COEL, MARK A 33 SOUTHEAST 8TH ST. SUITE 400 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Team Health Anesthesia Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 4362 Northlake Blvd., Suite 207 City Palm Beach Gardens FL Zip Code 33410	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	PD STIEFEL, ROBERT A MD 6575 NW 33RD AVENUE BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T,S,D Neil Principe, M.D. 14050 NW 14th Street, Suite 190 Ft. Lauderdale, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALVAREZ, RAMON MD 8858 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEVINE, MARC MD 3500 SW CENTRE CT PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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  Benjamin Snyder, Authorized Signatory Date 04/05/04 Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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02122004 Chg-P CR2E034 (10/03)