

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000073797 1. Entity Name PALM BEACH ANESTHESIA PARTNERS, INC.					
Principal Place of Business 4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS, FL 33410			Mailing Address C/O TEAM HEALTH ANESTHESIA MGMT.SER. 3626 RUFFIN ROAD SAN DIEGO, CA 92123		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02122004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1125584				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COEL, MARK A ESQ. 621 NW 53RD ST SUITE 420 BOCA RATON, FL 33487-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <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 GOLDFINGER, DAVID M.D. 4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	UN00000113967 04/19/04-80118-011 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD KUCHIAK, ANDRES M.D. 4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS, FL 33410	<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	TD SMITH, RONALD M.D. 4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS, FL 33410	<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	SD BROWN, GLENNON A M.D. 4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS, FL 33410	<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	D ALVAREZ, RAMON M.D. 4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS, FL 33410	<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	D MARTINEZ, RICARDO L M.D. 4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS, FL 33410	<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)(f), 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: <i>David Goldfinger</i> DAVID GOLDFINGER, MD				Date 4-12-04	