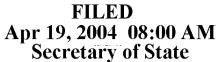
2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P01000073797



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			3. Mailing Address							
Suite, Apt #, etc.			Suite, Apt. #, etc.			02122004	Chg-P	CR2EC	34 (10/03)	
City & State			City & State			4. FEI Numbe 65-112			<u> </u>	plied For t Applicable
Zip	Country		Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
COEL, MARK A ESQ. 621 NW 53RD ST SUITE 420					Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON, FL 33487-0000				City			FL	Zip Code	ø	
The above named entity submits this statement for the purpose of changing its registered						ered agent, or bot	h, in the State of Fi		-	-
the obligations of registered agent.										
SIGNATURE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.60 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		FFICERS AND DIREC	_	11.		ADDITIONS/	CHANGES TO OF	FICERS AND		_
TITLE NAME STREET ADDRESS CITY ST-ZIP					{	Change Addition UNQQQQ119967 04/19/04-80118-011 150.00				
IVILE NAME STREET ADDRESS CHY-ST-ZIP	4362 NORTHLAKE BLVD., STE. 207				E EEF ADORESS - ST- ZIP				Change	☐ Addition
INTLE NAME STREET ADDRESS CHY-ST-ZIP	TD Delete IR SMITH, RONALD M.D. 4362 NORTHLAKE BLVD., STE. 207				E				☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	SD BROWN, GLENNOS 4362 NORTHLAKE PALM BEACH GAR	BLVD., STE. 207	☐ Delete		ŧ.				☐ Change	☐ Addillen
TITLE NAME STREET ADDRESS CRY-ST-ZIP	D ALVAREZ, RAMON 4362 NORTHLAKE PALM BEACH GAR	BLVD., STE. 207	⊠ Oelete		E				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CRY - ST - ZIP	D MARTINEZ, RICAR 4362 NORTHLAKE PALM BEACH GAR	BLVD., STE. 207 DENS, FL 33410	Oelete	CHY	et address -st-zip				☐ Change	☐ Addition
12. I hereby of indicated of the cor	certify that the informatio on this report or supple poration or the receiver	n supplied with this fi mental report is true a or trustee empowere	ling does not qualify for and accurate and that n d to execute this report	the exe ny signa as requi	mption stated in S ture shall have the red by Chapter 60	ection i 19.07(3)(same legal effect or, Florida Statute	i), Florida Statutes. I as if made under s; and that my nan	. I further cer oath; that I ne appears	tify that the in am an officer in Block 10 o	nformation or director r Block 11 if