

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073797

FILED
Apr 28, 2005
Secretary of State

Entity Name: PALM BEACH ANESTHESIA PARTNERS, INC.

Current Principal Place of Business:

4362 NORTHLAKE BLVD., STE. 207
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

C/O TEAM HEALTH ANESTHESIA MGMT.SER.
3626 RUFFIN ROAD
SAN DIEGO, CA 92123

New Mailing Address:

FEI Number: 65-1125584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COEL, MARK A ESQ.
621 NW 53RD ST
SUITE 420
BOCA RATON, FL 334870000 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: PD () Delete
Name: GOLDFINGER, DAVID M.D.
Address: 4362 NORTHLAKE BLVD., STE. 207
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD () Delete
Name: KUCHIAK, ANDRES M.D.
Address: 4362 NORTHLAKE BLVD., STE. 207
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD (X) Delete
Name: SMITH, RONALD M.D.
Address: 4362 NORTHLAKE BLVD., STE. 207
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD () Delete
Name: BROWN, GLENNON A M.D.
Address: 4362 NORTHLAKE BLVD., STE. 207
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: ALVAREZ, RAMON M.D.
Address: 4362 NORTHLAKE BLVD., STE. 207
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: MARTINEZ, RICARDO L M.D.
Address: 4362 NORTHLAKE BLVD., STE. 207
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DAVID GOLDFINGER

PD

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date