

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90075 025 \*\*\*150.00

DOCUMENT # P01000083507

1. Entity Name  
ACE ANESTHESIA, INC.



Principal Place of Business  
2560 HWY 44 WEST  
EUSTIS, FL 32726

Mailing Address  
2560 HWY 44 WEST  
EUSTIS, FL 32726

04007020



2. Principal Place of Business

3. Mailing Address  
P.O. BOX 38

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004

Chg-P

CR2E034 (10/03)

City & State

City & State  
EUSTIS, FL

4. FEI Number  
59-3740631

Applied For  
Not Applicable

Zip Country

Zip  
32727-0038

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMFORT, LYNDIA  
2560 HWY 44 WEST  
EUSTIS, FL 32726

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
COMFORT, JOSEPH A JR  
STREET ADDRESS  
2560 HWY 44 WEST  
CITY-ST-ZIP  
EUSTIS, FL 32726 ☐ Delete

TITLE  
NAME  
P.O. BOX 38  
STREET ADDRESS  
EUSTIS, FL 32727-0038 ☒ Change ☐ Addition

TITLE  
NAME  
D  
COMFORT, LYNDIA  
STREET ADDRESS  
2560 HWY 44 WEST  
CITY-ST-ZIP  
EUSTIS, FL 32726 ☐ Delete

TITLE  
NAME  
P.O. BOX 38  
STREET ADDRESS  
EUSTIS, FL 32727-0038 ☒ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #