2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091404

Entity Name: GAINESVILLE OUTPATIENT ANESTHESIA, P.A.

FILED Jan 15, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11006 S.W. 89TH STREET GAINESVILLE, FL 32608 **Current Mailing Address: New Mailing Address:** 11006 S.W. 89TH STREET GAINESVILLE, FL 32608 FEI Number: 59-3745012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAUFMAN, JILL R 11006 S.W. 89TH STREET GAINESVILLE, FL 32608 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KAUFMAN, JILL R Name:

 Title:
 D
 () Delete
 Title:
 () Change () Addition

 Name:
 KAUFMAN, JILL R
 Name:

 Address:
 11006 S.W. 89TH STREET
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32608
 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: JILL RAE KAUFMAN D 01/15/2004