


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90038 025 \*\*\*150.00

<b>DOCUMENT # P01000104507</b>	
1. Entity Name <b>FLORIDA ANESTHESIA ADMINISTRATORS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1408 WASHINGTON BLVD NW LAKE PLACID, FL 33852</b>	Mailing Address <b>1408 WASHINGTON BLVD NW LAKE PLACID, FL 33852</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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01232007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1128389</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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8. Name and Address of Current Registered Agent  <b>MALONEY, JOYCE 1408 WASHINGTON BLVD NW LAKE PLACID, FL 33852</b>	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DENNIS, KELLY 429 N PALMETTO LEESBURG, FL 34748</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MILLER, MARCI PO BOX 2499 INVERNESS, FL 344512499</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Locklear, Marci</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P FINELLI, MARY 291 SOUTHAL LANE MAITLAND, FL 32751</b> <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	<b>ST MALONEY, JOYCE 1408 WASHINGTON BLVD NW LAKE PLACID, FL 33852</b> <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	<b>D FORGIONE, BARBARA 2000 N. ORANGE AVE SUITE 202 ORLANDO, FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1214 E Concord St Orlando, FL 32803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 exemptions contained in Chapter 119, 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: <u>Joyce Maloney</u> <u>Joyce Maloney</u> <u>Sec/Treas</u> <u>1/23/07</u> <u>863-445-1941</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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