

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105727

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: SAILFISH ANESTHESIA, INC.

## Current Principal Place of Business:

4179 S.E. OLD ST. LUCIE BLVD.  
STUART, FL 34996

## New Principal Place of Business:

3721 SW COQUINA COVE  
APT. 108  
PALM CITY, FL 34990

## Current Mailing Address:

4179 S.E. OLD ST. LUCIE BLVD.  
STUART, FL 34996

## New Mailing Address:

3721 SW COQUINA COVE  
APT. 108  
PALM CITY, FL 34990

FEI Number: 65-1152560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARSONS, TAMALA D  
4179 S.E. OLD ST. LUCIE BLVD.  
STUART, FL 34996

## Name and Address of New Registered Agent:

PARSONS, TAMALA D  
3721 SW COQUINA COVE  
APT. 108  
PALM CITY, FL 34990

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: TAMALA D. PARSONS

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PARSONS, TAMALA D  
Address: 4179 S.E. OLD ST. LUCIE BLVD.  
City-St-Zip: STUART, FL 34996

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PARSONS, TAMALA D  
Address: 3721 SW COQUINA COVE APT. 108  
City-St-Zip: PALM CITY, FL 34990

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: TAMALA D. PARSONS

PD

04/20/2004

Electronic Signature of Signing Officer or Director

Date