


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90177 044 ***150.00

DOCUMENT # P01000108813			
1. Entity Name BANYAN ANESTHESIA, INC.			
Principal Place of Business 1481 BANYAN WAY WESTON, FL 33327		Mailing Address 1481 BANYAN WAY WESTON, FL 33327	
2. Principal Place of Business 111 N. POMPANO BEACH BLVD Suite, Apt. #, etc. #1403 City & State POMPANO BEACH, FL Zip 33062		3. Mailing Address 111 N. POMPANO BEACH BLVD Suite, Apt. #, etc. 1403 City & State POMPANO BEACH, FL Zip 33062	
6. Name and Address of Current Registered Agent CRNA, ALICE CINTRON 1481 BANYAN WAY WESTON, FL 33327		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 111 N. POMPANO BEACH BLVD #1403 City POMPANO BEACH FL Zip Code 33062	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CINTRON, ALICE 1481 BANYAN WAY WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 N. POMPANO BEACH BLVD #1403 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHODKOWSKI, ALICE 21 HENRY AVE. HICKSVILLE, NY 11804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 172 W. NICHOLAI ST. HICKSVILLE, N.Y. 11801-3828
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
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
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 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: <u>Alice Cintron</u>		Date: <u>3/14/04</u> Daytime Phone #: <u>954-651-4690</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

94069357



03152004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1151649 Applied For Not Applicable

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