FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # P01000109181 1. Entity Name	
JAO ANESTHESIA, INC.	

1. Entity Na	^{ame} AO ANESTHESIA, INC	g. \		,	05-13-2002	90149 003	***150.00
	DO NOT WRITE	E'IN THIS S	PAC	E			
Principal Place of Business 3. Mailing Address			**************************************	·走河新聯新广加美 3900			
349 N.E. 17 STREET 349 N.E. 17		7 STREET					
30πc, γρ. π, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta		City & State			4. FEI Number		Applied For
Zip	Country	MIAMI FL	Cour	ntry	65-11518		Not Applicable
33161	the second control of	33161	000		5. Certificate of Status Desired		.75 Additional Required
Market was a series				Nome	7. Name and Address of Current		
The Later	DO NOT W	DITE			, AIDA I.		
				Street Address (F	P.O. Box Number is Not Acceptable N.E. 17 STREET)	
	IN THIS SP	ACE			M.B. I/ BIREEI		
And the second	A STATE OF THE STA			City			7in Cod-
8 The above	e named entity submits this statement fo	رائي والي المجمد والكن الأكالهماء البدائع الانفار الما يوالانامام	يقي رهيده تر	MAAM	<u> </u>	FL	Zip Code 33161
Tax filing i	Signature, typed or printed name of registored agent a praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	January 1 - M After May Amende Make Check Payak	lay 1 Fe 1, Fee i	s \$550.00	10. Election Campaign Fina	ancing .	\$5.00 May Be Added to Fees
TITLE	PSTD OFFICERS AND I	DIRECTORS	1 1	and and the state of the state of	well and the way and and make all the state	Alton San San San	and the state of the state of the
NAME	BAEZ, AIDA I.		, TITLE NAME	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		网络包括	All Michigan
STREET ADDRESS	349 N.E. 17 STREE	ET	Jan. 1988.	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33161		CITY-	ST-ZIP			and the second second
NTLE NAME	VP		7.00	* 1 . M. W. W. W.		The state of the	Section of the sectio
TREET ADDRESS	BAEZ, OCTAVIO 349 N.E. 17 STREE	Prin Principal	* NAME * STREE	T ADDRESS		THE STATE OF THE S	
CITY-ST-ZIP	MIAMI FL 33161	31	n 19-19-19	ST_ZIP			
TITLE -			– ka7(ÎLE)			The same ways of	n a sagar an ang managan an a
TREET ADDRESS			NAME				
ITY-ST-ZIP				TADORESS ST. ZIP	DO NOT V	NRITE	
ITLE			1			the total and the second se	
AME TREET ADDRESS	•		NAME		: IN THIS S	PACE	18. 5
ITY-ST-ZIP			STREET	TADDRESS T-ZIP			
TLE			20113 - 3	or the second second second		PA WAR THE TOTAL	Carlos ay a Jail
AME			NAME			*****	
TREET ADDRESS			STREET	ADDRESS		30 × 30 ×	
TLE				T ZIP	A STATE OF THE STA	n suns s	
AME .			TITLE		THE COURSE OF STREET	SAME OF	
REET ADDRESS			NAME .	ADDRESS:			
TY-ST-ZIP			CITY-ST	T-ZIP		A MAS	
I hereby ce	ertify that the information supplied with th	is filing does not qualify for t	he eyemr	ntion stated in Section	2110 07(0) (0) El : 1 0	THE PERSON AND THE PE	

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 attachment with an address, with all other like empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

SIGNATURE:

AIDA I. BAEZ PRES.

4/26/02