

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119010

FILED  
Apr 01, 2005  
Secretary of State

Entity Name: AESTHETIC ANESTHESIA ASSOCIATES, P.A.

## Current Principal Place of Business:

17166 GULF PINE CIR  
WELLINGTON, FL 33414

## New Principal Place of Business:

## Current Mailing Address:

17166 GULF PINE CIR  
WELLINGTON, FL 33414

## New Mailing Address:

FEI Number: 65-1159622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDFINGER, DAVID  
17166 GULF PINE CIR.  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

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:

Title: D ( ) Delete  
Name: GOLDFINGER, DAVID MD  
Address: 17166 GULF PINE CIR  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: MARTINEZ, RICARDO MD  
Address: 17166 GULF PINE CIR  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: BROWN, GLENNON MD  
Address: 17166 GULF PINE CIR  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: KUCHCIAK, ANDRZEJ MD  
Address: 17166 GULF PINE CIR  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DAVID GOLDFINGER, MD

D

04/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date