

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000033534

Entity Name: ACCESS ANESTHESIA, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

6120 WINKLER ROAD  
SUITE J  
FT MYERS, FL 33919

## New Principal Place of Business:

812 CAPE VIEW DRIVE  
FT MYERS, FL 33919 60

## Current Mailing Address:

POST OFFICE BOX 07400  
FT MYERS, FL 33919

## New Mailing Address:

FEI Number: 32-0007536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELLUTRI, CARMEN  
1436 ROYAL PALM SQUARE BLVD  
FT MYERS, FL 33919 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: DR. ( ) Delete  
Name: DAITCH, JONATHAN S  
Address: 6120 WINKLER RD, SUITE J  
City-St-Zip: FT MYERS, FL 33919

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: DAITCH, JONATHAN S  
Address: 812 CAPE VIEW DRIVE  
City-St-Zip: FT MYERS, FL 33919 US

Title: VP ( ) Change (X) Addition  
Name: DAITCH, BARBARA S  
Address: 812 CAPE VIEW DRIVE  
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BARBARA S R DAOTCJ

VP

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date