

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048577

FILED
Jan 27, 2004
Secretary of State

Entity Name: ANESTHESIA AND PAIN PHYSICIANS OF FLORIDA, P.A.

Current Principal Place of Business:

601 MANATEE AVENUE WEST
SUITE A
BRADENTON, FL 34205 US

New Principal Place of Business:

814 6TH AVENUE WEST
BRADENTON, FL 34205 US

Current Mailing Address:

601 MANATEE AVENUE WEST
SUITE A
BRADENTON, FL 34205 US

New Mailing Address:

601 MANATEE AVENUE WEST
BRADENTON, FL 34205 US

FEI Number: 43-1962888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YCAZA, ROBERTO
601 MANATEE AVENUE WEST
SUITE A
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

YCAZA, ROBERTO
814 6TH AVENUE WEST
BRADENTON, FL 34205 US

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:

01/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YCAZA, ROBERTO
Address: 601 MANATEE AVENUE WEST, SUITE A
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: YCAZA, ROBERTO
Address: 814 6TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34205

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: ROBERTO YCAZA, M.D.

PRES

01/27/2004

Electronic Signature of Signing Officer or Director

Date