

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90129 016 ***150.00

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1. Entity Name
C.A. ANESTHESIA INC.

Principal Place of Business
5920 RIVERSIDE DR
MELBOURNE BEACH, FL 32951

Mailing Address
5920 RIVERSIDE DR
MELBOURNE BEACH, FL 32951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3073264

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CURRAN, JOSEPH
5920 RIVERSIDE DR
MELBOURNE BEACH, FL 32951

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME CHURRAN, CHARLENE S
STREET ADDRESS 5920 RIVERSIDE DR
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE VP ☐ Delete

NAME CHURRAN, JOSEPH J
STREET ADDRESS 5920 RIVERSIDE DR
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME CURRAN spelling

STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME CURRAN spelling

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-264-9581