


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90053 014 ***150.00

DOCUMENT # P02000056394	
1. Entity Name WILLENS ANESTHESIA SERVICES, INC.	

Principal Place of Business 4131 S UNIVERSITY BLVD, STE 11 JACKSONVILLE FL 32216	Mailing Address 4131 S UNIVERSITY BLVD, STE 11 JACKSONVILLE FL 32216
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent TILLEY, STEPHEN E 4206 BAYMEADOWS RD JACKSONVILLE FL 32217		7. Name and Address of New Registered Agent Name TILLEY, STEPHEN E. Street Address (P.O. Box Number is Not Acceptable) 44165 BAYMEADOWS ROAD SUITE 3 City JACKSONVILLE FL Zip Code 32217	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLENS, MICHAEL 4131 S UNIVERSITY BLVD, STE 11 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

(904) 636-9206