

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065314

FILED
Jan 06, 2004
Secretary of State

Entity Name: ST. AUGUSTINE ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

FLAGLER HOSPITAL
400 HEALTH PARK BLVD
SAINT AUGUSTINE, FL 32086 US

New Principal Place of Business:

214 SOPHIA TERRACE
SAINT AUGUSTINE, FL 32095 US

Current Mailing Address:

PO BOX 860216
ST. AUGUSTINE, FL 320860216

New Mailing Address:

FEI Number: 04-3691995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY PA
225 WATER STREET STE 1800
JACKSONVILLE, FL 32202 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: P () Delete
Name: LINEBERRY, PAUL J
Address: 8602 HUNTERS CREEK DR. S.
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: BOGGS, RALPH B
Address: 8257 ASHWORTH CT.
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LINEBERRY, PAUL J
Address: 214 SOPHIA TERRACE
City-St-Zip: ST AUGUSTINE, FL 32095 US

Title: S (X) Change () Addition
Name: BOGGS, RALPH B
Address: 110 MAKARIOS DRIVE, UNIT #8
City-St-Zip: ST AUGUSTINE, FL 32080 US

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: PAUL J. LINEBERRY

P

01/06/2004

Electronic Signature of Signing Officer or Director

Date