2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90298 007 ***150.00

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04162004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000080520

1. Entity Name
UNITED SERVICES ANESTHESIA, INC.

Principal Place of Business	Mailing Address
610 TRAVERS AVENUE FORT MYERS, FL 33919	610 TRAVERS AVENUE FORT MYERS, FL 33919

2. Principal Place of Business	3. Mailing Address
14000 EAGLE RIDGE LKS. DR.	14000 EAGLE RIDGE LKS. DR.
Suite, Apt. #, etc.: #203	Suite, Apt. #, etc.: #203
City & State: FT MYERS, FL	City & State: FT MYERS, FL
Zip: 33912 Country: USA	Zip: 33912 Country: USA

4. FEI Number: 54-2064612 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAZ, EMMANUEL I 610 TRAVERS AVENUE FORT MYERS, FL 33919	Name: PAZ, EMMANUEL I. Street Address (P.O. Box Number is Not Acceptable): 14000 EAGLE RIDGE LKS. DR. #203 City: FT MYERS FL Zip Code: 33912

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: EMMANUEL I. PAZ, PRESIDENT 04-16-04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	PAZ, EMMANUEL	NAME	EMMANUEL I. PAZ
STREET ADDRESS	610 TRAVERS AVE	STREET ADDRESS	14000 EAGLE RIDGE LKS. DR. #203
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: EMMANUEL I. PAZ, PRESIDENT 4/16/04 (239) 565-3103-C (239) 454-7790-H
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #