2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112877

Entity Name: G.T.S. ANESTHESIA INC.

FILED Apr 09, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5930 D ARMSTRONG ROAD 22909 63RD AVE EAST ELKTON, FL 32033 BRADENTON, FL 34211

Current Mailing Address: New Mailing Address:

5930 D ARMSTRONG ROAD 22909 63RD AVE EAST ELKTON, FL 32033 BRADENTON, FL 34211

FEI Number: 02-0648204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JENNINGS, THOMAS A
5930 D ARMSTRONG ROAD
ELKTON, FL 32033 US

JENNINGS, THOMAS A
22909 63RD AVE EAST
BRADENTON, FL 34211 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: 04/09/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CRNA () Delete Title: CRNA (X) Change () Addition

 Name:
 JENNINGS, TOM
 Name:
 JENNINGS, TOM

 Address:
 5930D ARMSTRONG RD
 Address:
 22909 63RD AVE EAST

 City-St-Zip:
 ELKTON, FL 32033 US
 City-St-Zip:
 BRADENTON, FL 34211 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: THOMAS A JENNINGS CRNA 04/09/2005