

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117928

**FILED**  
**Feb 26, 2005**  
**Secretary of State**

**Entity Name:** FOWLER ANESTHESIA INC.

**Current Principal Place of Business:**

3994 SW 102ND PLACE  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

3994 SW 102ND PLACE  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:** 74-3070056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOWLER, STEVEN J  
536 SE 15TH AVENUE  
OCALA, FL 34471 US

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

FOWLER, STEVEN J  
3994 S.W. 102ND PLACE  
OCALA, FL 34476 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/26/2005

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FOWLER, STEVEN J  
Address: 536 SE 15TH AVENUE  
City-St-Zip: Ocala, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FOWLER, STEVEN J  
Address: 3994 S.W. 102ND PLACE  
City-St-Zip: Ocala, FL 34476

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: STEVEN FOWLER

Electronic Signature of Signing Officer or Director

P

02/26/2005

Date