

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90008 044 \*\*\*150.00

**DOCUMENT # P02000118071**

1. Entity Name  
**INTEGRA ANESTHESIA SERVICES, INC.**



Principal Place of Business  
**2700 NW 62ND ST #D-134  
FT LAUDERDALE, FL 33309**

Mailing Address  
**2700 NW 62ND ST #D-134  
FT LAUDERDALE, FL 33309**

**54062707**



2. Principal Place of Business  
**6515 Timber Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**6515 Timber Ln**  
Suite, Apt. #, etc.

07142004 Chg-P CR2E034 (10/03)

City & State  
**BOCA RATON FL**  
Zip  
**33433** Country  
**USA**

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**BOCA RATON FL**  
Zip  
**33433** Country  
**USA**

4. FEI Number  
**37-1448542** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROMANO, MARIA**  
**2700 NW 62ND ST #D-134**  
**FT LAUDERDALE, FL 33309**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**6515 Timber Lane**  
City **BOCA RATON** **FL** Zip Code **33433**

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

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ROMANO, MARIA	2700 NW 62ND ST #D-134	FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
		6515 TIMBER LN	BOCA RATON, FL 33433	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:**

**M. M. Romano CPA, US**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/12/04 (561) 393-6889**