FILED
Apr 06, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000118071

1. Entity Name
(INTEGRA ANESTHESIA SERVICES, INC.

Principal Place of Business
6515 TIMBER LANE
BOCA RATON, FL 33433

Mailing Address
6515 TIMBER LANE
BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E008 (11/05)

4. FEI Number
37-1446542

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROMANO, MARIA
6515 TIMBER LANE
BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

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 _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $3.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROMANO, MARIA
STREET ADDRESS	6515 TIMBER LANE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100001433680
04/20/06-80014-021 150.00

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 MARIA M. ROMANO 1/19/2006 561-393-6889

(SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR) (Date) (Daytime Phone #)