


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90044 016 ***150.00

DOCUMENT # P02000118071 1. Entity Name INTEGRA ANESTHESIA SERVICES, INC.	
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Principal Place of Business 6515 TIMBER LANE BOCA RATON, FL 33433	Mailing Address 6515 TIMBER LANE BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE

60005811



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1448542	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROMANO, MARIA 6515 TIMBER LANE BOCA RATON, FL 33433
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. CEO / DIR. OF OPERATIONS ROMANO, MARIA 6515 TIMBER LANE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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: <u>M. M. Romano</u> <i>MARIA MAZZITELLI ROMANO</i>	Date <u>1/17/07</u> (561) <u>393-6889</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>