

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014327

Entity Name: PETERSON ANESTHESIA, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

6883 S.E. 12TH CIRCLE
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

6883 S.E. 12TH CIRCLE
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 37-1457540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, SALLY J
6883 S.E. 12TH CIRCLE
APT. # 301
OCALA, FL 34480 US

Name and Address of New Registered Agent:

PETERSON, SALLY J
6883 S.E. 12TH CIRCLE
OCALA, FL 34480 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

04/29/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PETERSON, SALLY J
Address: 6883 S.E. 12TH CIRCLE
City-St-Zip: OCALA, FL 34480PP US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PETERSON, SALLY J
Address: 6883 S.E. 12TH CIRCLE
City-St-Zip: OCALA, FL 34480 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: SALLY PETERSON

Electronic Signature of Signing Officer or Director

P

04/29/2005

Date