
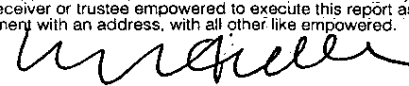


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90480 033 ***150.00

DOCUMENT # P03000049848 1. Entity Name UNIVERSITY ANESTHESIA, P.A.					
Principal Place of Business 4183 BAY BEACH LANE #384 FT. MYERS BEACH, FL 33931 US			Mailing Address P.O. BOX 7346 FT. MYERS, FL 33911-9998		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITESMAN, GUY E 1715 MONROE STREET FT. MYERS, FL 33902				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
			President MICHAEL HEDDEN MD 4183 Bay Beach Lane #384 FT. MYERS BCH, FL 33931		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
			VICE PRESIDENT TERESA HEDDEN 4183 Bay Beach Lane #384 Ft. Myers Beach, FL 33931		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: 			Michael Hedden, MD Date: 4-22-04 Daytime Phone #: 239-939-2622		