

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056173

FILED
Mar 16, 2005
Secretary of State

Entity Name: BROAD ANESTHESIA MANAGEMENT CO.

Current Principal Place of Business:

971 CYPRESS DR
DELRAY BCH, FL 33483

New Principal Place of Business:

Current Mailing Address:

971 CYPRESS DR
DELRAY BCH, FL 33483

New Mailing Address:

FEI Number: 58-2673452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLOSKER, HARVEY
971 CYPRESS DR
DELRAY BCH, FL 33483 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PLOSKER, HARVEY
Address: 971 CYPRESS DR
City-St-Zip: DELRAY BCH, FL 33483

Title: D () Delete
Name: ASTROVE, ANDREW
Address: 6702 S GRANDE DR
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HARVEY PLOSKER

D

03/16/2005

Electronic Signature of Signing Officer or Director

_____ Date