

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067332

FILED  
Jun 27, 2005  
Secretary of State

**Entity Name:** BAYOU ANESTHESIA & PAIN MANAGEMENT ASSOCIATES, P.A.

**Current Principal Place of Business:**

7286 SAWGRASS POINT DRIVE  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

6221 66TH STREET NORTH  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

7286 SAWGRASS POINT DRIVE  
PINELLAS PARK, FL 33782

**New Mailing Address:**

6221 66TH STREET NORTH  
PINELLAS PARK, FL 33781

**FEI Number:** 20-0047342

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRAUB, TODD S  
7286 SAWGRASS POINT DRIVE  
PINELLAS PARK, FL 33782 US

**Name and Address of New Registered Agent:**

TRAUB, TODD S  
6221 66TH STREET NORTH  
PINELLAS PARK, FL 33781 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: TODD S. TRAUB

06/27/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TRAUB, TODD S  
Address: 7286 SAWGRASS POINT DRIVE  
City-St-Zip: PINELLAS PARK, FL 33782

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TRAUB, TODD S  
Address: 6221 66TH STREET NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

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: TODD S. TRAUB

D

06/27/2005

Electronic Signature of Signing Officer or Director

Date