

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107805

FILED
May 07, 2004
Secretary of State

Entity Name: SOUTHWEST FLORIDA ANESTHESIOLOGY & PAIN MANAGEMENT P.A.

Current Principal Place of Business:

4001 SANTA BARBARA BLVD.
SUITE 341
NAPLES, FL 34104

New Principal Place of Business:

3719 RECREATION LANE
NAPLES, FL 34116

Current Mailing Address:

4001 SANTA BARBARA BLVD.
SUITE 341
NAPLES, FL 34104

New Mailing Address:

3719 RECREATION LANE
NAPLES, FL 34116

FEI Number: 03-0529127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

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: PSTD () Delete
Name: HOOD, RICHARD K M.D.
Address: 96 GLEN EAGLE CIR
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HOOD, RICHARD K M.D.
Address: 3719 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

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: RICHARD HOOD M.D.

PSTD

05/07/2004

Electronic Signature of Signing Officer or Director

Date