



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90027 005 \*\*\*150.00

<b>DOCUMENT # P03000114747</b> 1. Entity Name SOUTHERN ANESTHESIA ASSOCIATES, INC.					
Principal Place of Business 2918 WEST GANDY BLVD UNIT A TAMPA, FL 33611-2851			Mailing Address 2918 WEST GANDY BLVD UNIT A TAMPA, FL 33611-2851		
2. Principal Place of Business 5801 S. MACDILL AVE		3. Mailing Address 5801 S. MACDILL AVE		  03032005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. UNIT 1		Suite, Apt. #, etc. UNIT 1			
City & State TAMPA FL		City & State TAMPA FL			
Zip                      Country 33611		Zip                      Country 33611			
4. FEI Number 20-0309958				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  BAKER, NEVIN E 2918 WEST GANDY BLVD UNIT A TAMPA, FL 33611-2851	
7. Name and Address of New Registered Agent Name NEVIN E. BAKER					
Street Address (P.O. Box Number is Not Acceptable) 5801 S. MACDILL AVE UNIT 1					
City                      State                      Zip Code TAMPA                      FL                      33611-4482				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 <u>Nevin E. Baker</u> NEVIN E. BAKER, PRESIDENT    3/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, NEVIN E <input type="checkbox"/> Delete 2918 WEST GANDY BLVD UNIT A TAMPA, FL 336112851				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BAKER NEVIN E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5801 S. MACDILL AVE UNIT 1 TAMPA FL 33611-4482				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Nevin E. Baker</u> NEVIN E. BAKER, PRESIDENT    3/21/05    813-389-0299 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					