2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# P04000010393

Entity Name: MOORE ANESTHESIA SERVICES, INC.

Current Principal Place of Business:

9611 CARISSA RD.
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

9611 CARISSA RD.
BOYNTON BEACH, FL 33436 US

New Mailing Address:

FEI Number: 03-0534822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MOORE, MELANIE J PRESIDE
9611 CARISSA ROAD
BOYNTON BEACH, FL 33436 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: MELANIE J. MOORE 01/15/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MOORE, MELANIE J
Address: 14780 ENCLAVE LAKES DRIVE, #C3
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MOORE, MELANIE J
Address: 9611 CARISSA ROAD
City-St-Zip: BOYNTON BEACH, FL 33436 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MELANIE J. MOORE D 01/15/2007
Electronic Signature of Signing Officer or Director Date