

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000010393

Entity Name: MOORE ANESTHESIA SERVICES, INC.

FILED  
Jan 19, 2008  
Secretary of State

## 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:

MOORE, MELANIE J PRESIDE  
9611 CARISSA ROAD  
BOYNTON BEACH, FL 33436 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: P ( ) Delete  
Name: MOORE, MELANIE J  
Address: 9611 CARISSA ROAD  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: VP ( ) Delete  
Name: DELLINGER, ERIC S  
Address: 9611 CARISSA ROAD  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S ( ) Delete  
Name: MOORE, ADAM B  
Address: 9611 CARISSA ROAD  
City-St-Zip: BOYNTON BEACH, FL 33436

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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

PRES

01/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date