

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013821

FILED  
Apr 04, 2005  
Secretary of State

Entity Name: SOUTH FLORIDA ANESTHESIOLOGISTS, INC.

## Current Principal Place of Business:

% 7805 SW 6TH CT  
PLANTATION, FL 33324

## New Principal Place of Business:

461 RANCH RD  
WESTON, FL 33326

## Current Mailing Address:

% 7805 SW 6TH CT  
PLANTATION, FL 33324

## New Mailing Address:

461 RANCH RD.  
WESTON, FL 33326

FEI Number: 20-0639295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WEINBERG, STEVEN A  
7805 SW 6TH CT  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

JACOBSON, PHILIP  
461 RANCH RD  
WESTON, FL 33326 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: JACOBSON, PHILIP

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JACOBSON, PHILIP  
Address: % 7805 SW 6TH CT  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JACOBSON, PHILIP  
Address: 461 RANCH RD  
City-St-Zip: WESTON, FL 33326

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: JACOBSON, PHILIP

D

04/04/2005

Electronic Signature of Signing Officer or Director

Date