

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000022682

Entity Name: KS ANESTHESIA, INC.

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

5399 E HWY 30-A
PMB 250
SEA GROVE BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

5399 E HWY 30-A
PMB 250
SEA GROVE BEACH, FL 32459

New Mailing Address:

FEI Number: 37-1428668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEKOSKI, KAREN
5399 E HWY 30-A
PMB 250
SEA GROVE BEACH, FL 32459 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: SEKOSKI, KAREN
Address: 5399 E HWY 30-A PMB 250
City-St-Zip: SEAGROVE BEACH, FL 32459

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: KAREN SEKOSKI

PRES

09/06/2005

Electronic Signature of Signing Officer or Director

Date