

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000025729

1. Entity Name
MICHAEL HAYS ANESTHESIA INC



Principal Place of Business

2106 STONEVIEW RD.
ODESSA, FL 33556

Mailing Address

2106 STONEVIEW RD.
ODESSA, FL 33556

DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CRZE034 (11/05)

4. FEI Number
57-1205125

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYS, MICHAEL B
2106 STONEVIEW RD.
ODESSA, FL 33556

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HAYS, MICHAEL
STREET ADDRESS 2106 STONEVIEW RD.
CITY-ST-ZIP ODESSA, FL 33556

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05/01/06-80053-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

X Michael B Hays

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/15/06

Date

X 803 920 1636

Daytime Phone