2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006
Secretary of State

DOCUMENT# P04000157665

Entity Name: ANESTHESIA CONSULTANTS ASSOCIATES, P.A.

Current Principal Place of Business:

1481 BLUE LAKE CIRCLE
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

1481 BLUE LAKE CIRCLE
PUNTA GORDA, FL 33983

New Mailing Address:

P.O BOX 494344
PORT CHARLOTTE, FL 33949

FEI Number: 20-1926664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEUNG, MINSON MD
377 MALPELO AVE
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

LEUNG, MINSON MD
1481 BLUE LAKE CIRCLE
PUNTA GORDA, FL 33983 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: 02/20/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEUNG, MINSON MD
Address: P O BOX 494344
City-St-Zip: PT CHARLOTTE, FL 33949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MINSON LEUNG D 02/20/2006
Electronic Signature of Signing Officer or Director — Date