


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90017 050 ***150.00

DOCUMENT # P05000000567		
1. Entity Name CDN ANESTHESIA, INC.		

Principal Place of Business 898 FRANKLIN CIRCLE PALM HARBOR, FL 34683 US	Mailing Address P O BOX 176 DUNEDIN, FL 34697 US
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50004925

2. Principal Place of Business 242 Deerfoot Drive Suite, Apt. #, etc.		3. Mailing Address 242 Deerfoot Drive Suite, Apt. #, etc.	
City & State London, KY Zip 40741 Country USA		City & State London, KY Zip 40741 Country USA	



03132006 Chg-P. CR2E034 (11/05)

4. FEI Number 20-2087581		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WILSON, JASON E 898 FRANKLIN CIRCLE PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent Name Louis SCOURTAS Street Address (P.O. Box Number is Not Acceptable) 24761 US Hwy 19 N - Suite 630 City Clewiston FL Zip Code 33763

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 Louis C. Scourtas Louis C. Scourtas 3/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, JASON E 898 FRANKLIN CIRCLE PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORNA Michelle SMITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 242 DEERFOOT DRIVE LONDON, KY 40741		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: Lorna Michelle Smith 3-18-06 606-862-2686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LORNA Michelle Smith (president)