2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# P05000015327

Entity Name: ANESTHESIA RELIEF SERVICE, INC.

Current Principal Place of Business:

14150 S.W. 16TH STREET
MIAMI, FL 33175

New Principal Place of Business:

9776 SW 195TH CIRCLE
DUNNELLON, FL 34432

Current Mailing Address:

14150 S.W. 16TH STREET
MIAMI, FL 33175

New Mailing Address:

9776 SW 195TH CIRCLE
DUNNELLON, FL 34432

FEI Number: 14-1921832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAQUI, GRACE F
14150 S.W. 16TH STREET
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

SAQUI, GRACE F
9776 SW 195TH CIRCLE
DUNNELLON, FL 34432 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: 01/22/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P D ( ) Delete
Name: SAQUI, GRACE F
Address: 14150 S.W. 16TH STREET
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition
Name: SAQUI, GRACE F
Address: 9776 SW CIRCLE
City-St-Zip: DUNNELLON, FL 34432

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: GRACE F. SAQUI PD 01/22/2007
Electronic Signature of Signing Officer or Director — Date