

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095005

Entity Name: ANESTHESIA SPECIALIST, INC.

FILED
Jan 06, 2007
Secretary of State

Current Principal Place of Business:

2047 WEST 62ND STREET
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 161089
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 06-1750711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMODOVAR, RALPH SR.
3131 JASPER WAY
MIRAMAR, FL 33025 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALMODOVAR, RALPH SR.
Address: 3131 JASPER WAY
City-St-Zip: MIRAMAR, FL 33025

Title: VP () Delete
Name: ALMODOVAR, NANCY MRS.
Address: 3131 JASPER WAY
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RALPH ALMODOVAR

P

01/06/2007

Electronic Signature of Signing Officer or Director

Date