


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90002 041 \*\*\*558.75

<b>DOCUMENT # P05000110554</b>	
1. Entity Name ANESTHESIA HEALTH CARE PARTNERS OF FLORIDA, INC.	

Principal Place of Business 671 MAIN ST, SUITE 200 SUWANEE, GA 30024	Mailing Address 671 MAIN ST, SUITE 200 SUWANEE, GA 30024
3079 Peachtree Ind. Blvd Duluth, GA 30097 ← Same As	

50023210



2. Principal Place of Business 3079 Peachtree Ind Blvd	3. Mailing Address 3079 Peachtree Ind. Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07072006 Chg-P CR2E034 (11/05)

City & State Duluth, Georgia	City & State Duluth, Georgia
Zip 30097	Country Gwinnett
Zip 30097	Country Gwinnett

4. FEI Number 20-3289620	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: <u>Frederick R. Bailey, Exec. Vice President</u> 7/18/06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SEAN M. LYNCH
STREET ADDRESS		STREET ADDRESS	3079 Peachtree Ind Blvd
CITY-ST-ZIP		CITY-ST-ZIP	Duluth, Ga 30097
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	GREGORY WACHOVIAK
STREET ADDRESS		STREET ADDRESS	3079 Peachtree Ind. Blvd
CITY-ST-ZIP		CITY-ST-ZIP	Duluth, Ga 30097 (President)
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SECRETARY
STREET ADDRESS		STREET ADDRESS	Frederick R. Bailey
CITY-ST-ZIP		CITY-ST-ZIP	3079 Peachtree Ind. Blvd - Duluth, Ga 30097
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <u>Frederick R. Bailey, Exec. Vice Pres</u> 7/18/06 770.945.5300	5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	