


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000066941</b> 1. Entity Name PROFESSIONAL ANESTHESIA CARE INC	
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Principal Place of Business 14119 LINCOLNSHIRE CT TAMPA, FL 33626	Mailing Address 14119 LINCOLNSHIRE CT TAMPA, FL 33626
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**DO NOT WRITE IN THIS SPACE**



05052008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4851333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BURGOS, GILBERTO 14119 LINCOLNSHIRE CT TAMPA, FL 33626
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**DO NOT WRITE  
IN THIS SPACE**

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.

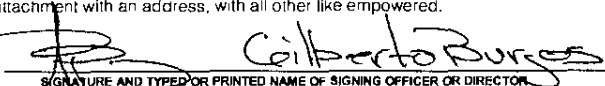
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000950314 06/03/08-80054-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURGOS, GILBERTO 14119 LINCOLNSHIRE CT TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURGOS, IRIS G 14119 LINCOLNSHIRE CT TAMPA, FL 33626
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**DO NOT WRITE  
IN THIS SPACE**

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:**  **4/28/08** (813) 7280913  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #