

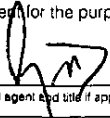
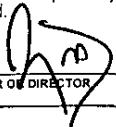


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90099 029 ***150.00

DOCUMENT # P06000088544 1. Entity Name HALIFAX ANESTHESIOLOGY ASSOCIATES, P.A.																																																														
Principal Place of Business 311 W CLYDE MORRIS BLVD, #350 DAYTONA BEACH, FL 32114			Mailing Address 311 W CLYDE MORRIS BLVD, #350 DAYTONA BEACH, FL 32114																																																											
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																												
City & State Zip Country		City & State Zip Country		01042007 Chg-P CR2E034 (12/06)																																																										
4. FEI Number 205141183				Applied For <input type="checkbox"/> Not Applicable																																																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SCHICK, DAVID L ESQUIRE 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801																																																										
7. Name and Address of New Registered Agent Name DERRICK PAYNE MD Street Address (P.O. Box Number is Not Acceptable) 311 N. CLYDE MORRIS BLVD SUITE 350 City DAYTONA BCH FL Zip Code 32114				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  Derrick B. Payne 1/1/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: center;">Delete</td> </tr> <tr> <td>P</td> <td>LEV, DAVIE, MD</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">311 N. CLYDE MORRIS #350</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">DAYTONA BEACH, FL 32114</td> </tr> <tr> <td>VP</td> <td>PAYNE, DERRICK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">311 N. CLYDE MORRIS #350</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">DAYTONA BEACH, FL 32114</td> </tr> <tr> <td>VP</td> <td>LIPTON, RICHARD</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">311 N. CLYDE MORRIS #350</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">DAYTONA BEACH, FL 32114</td> </tr> <tr> <td>VP</td> <td>FOX, DAVID</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">311 N. CLYDE MORRIS #350</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">DAYTONA BEACH, FL 32114</td> </tr> <tr> <td>VP</td> <td>RACHMAN, NATHAN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">311 N. CLYDE MORRIS #350</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">DAYTONA BEACH, FL 32114</td> </tr> <tr> <td>VP</td> <td>HOLLOWAY, DANIELA</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">311 N. CLYDE MORRIS #350</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">DAYTONA BEACH, FL 32114</td> </tr> </table>		TITLE	NAME	Delete	P	LEV, DAVIE, MD	<input type="checkbox"/>	STREET ADDRESS	311 N. CLYDE MORRIS #350		CITY - ST - ZIP	DAYTONA BEACH, FL 32114		VP	PAYNE, DERRICK	<input type="checkbox"/>	STREET ADDRESS	311 N. CLYDE MORRIS #350		CITY - ST - ZIP	DAYTONA BEACH, FL 32114		VP	LIPTON, RICHARD	<input type="checkbox"/>	STREET ADDRESS	311 N. CLYDE MORRIS #350		CITY - ST - ZIP	DAYTONA BEACH, FL 32114		VP	FOX, DAVID	<input type="checkbox"/>	STREET ADDRESS	311 N. CLYDE MORRIS #350		CITY - ST - ZIP	DAYTONA BEACH, FL 32114		VP	RACHMAN, NATHAN	<input type="checkbox"/>	STREET ADDRESS	311 N. CLYDE MORRIS #350		CITY - ST - ZIP	DAYTONA BEACH, FL 32114		VP	HOLLOWAY, DANIELA	<input type="checkbox"/>	STREET ADDRESS	311 N. CLYDE MORRIS #350		CITY - ST - ZIP	DAYTONA BEACH, FL 32114	
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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: DERRICK PAYNE MD  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																														
Date 1/4/07 Daytime Phone # 386-255-1266																																																														