2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# P06000101285

Entity Name: FLORIDA ANESTHESIA CONSULTANTS, P.A.

Current Principal Place of Business:

C/O JEFFREY ZANE, 4800 RIVERSIDE DRIVE
SUITE 101
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

C/O JEFFREY ZANE, 4800 RIVERSIDE DRIVE
SUITE 101
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZANE, JEFFREY P
4800 RIVERSIDE DRIVE
SUITE 101
PALM BEACH GARDENS, FL 33410 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: D ( ) Delete
Name: ARCHILLA, CARLOS A M.D.
Address: 10925 WOODCHASE CIRCLE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CARLOS A ARCHILLA MD D 04/18/2007
Electronic Signature of Signing Officer or Director — Date