


2007 **FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90029 037 ***150.00

DOCUMENT # P06000102926	
1. Entity Name Anesthesia, Etc. Corp.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2491 S.E. 9th Street	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Pompano Beach, FL	City & State
Zip 33062	Country

CR2E034B (8/05)

4. FEI Number 20-5372230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

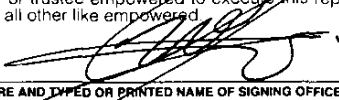
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name The Van Gent Law Firm	
	Street Address (P.O. Box Number is Not Acceptable) a Professional Association 2881 East Oakland Park Blvd, Ste. 212	
	City Ft. Lauderdale,	FL Zip Code 33062

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Willy Van Gent, President 2491 S.E. 9th Street Pompano Beach, FL 33062	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	WILLY VAN GENT Date 4/26/07	954-545-0951 Daytime Phone #
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