2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000052220

FILED Apr 28, 2004 Secretary of State

Entity Name: CONTINENTAL ANESTHESIA SERVICES, P.A.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
DEPT OF A	ANESTHESIA (CEDARS MED CNTER		
1400 NW 1				
MIAMI, FL	33136 US			
Current M	ailing Addres	s:	New Mailing Addre	ess:
DEPT OF A	ANESTHESIA (CEDARS MED CNTER		
1400 NW 1				
MIAMI, FL	33136 US			
El Number:	65-0457386	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:
EBER, SC	∩TT			
555 NE 34				
MIAMI, FL				
		ubmits this statement for the	purpose of changing its registe	red office or registered agent, or both
n the State	e of Florida.			
	RE:	i Oimalan I Davida I A		Data
	RE:	ic Signature of Registered Ag	ent	Date
SIGNATUF	RE:Electroni	ic Signature of Registered Ag	ent	Date
SIGNATUF	RE:Electroni	Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTO
SIGNATUF	RE: Electroni npaign Financing S AND DIRECT	Trust Fund Contribution ().		
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I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUILLERMO TABLADA P 04/28/2004