

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000052220

FILED
Apr 27, 2006
Secretary of State

Entity Name: CONTINENTAL ANESTHESIA SERVICES, P.A.

Current Principal Place of Business:

DEPT OF ANESTHESIA CEDARS MED CTR
1400 NW 12 AVE
MIAMI, FL 33136 US

New Principal Place of Business:

Current Mailing Address:

DEPT OF ANESTHESIA CEDARS MED CTR
1400 NW 12 AVE
MIAMI, FL 33136 US

New Mailing Address:

FEI Number: 65-0457386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TABLADA, GUILLERMO
DEPT OF ANESTHESIA CEDARS MED CENTER
1400 NW 12 AVE
MIAMI, FL 33136 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: P () Delete
Name: TABLADA, GUILLERMO
Address: 1232 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: VALDES, OSVALDO
Address: 15551 SW 54 TERR
City-St-Zip: MIAMI, FL 33185

Title: T () Delete
Name: ORTA, JORGE
Address: 6831 MIAMI LAKEWAY SOUTH
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP () Delete
Name: IZAGUIRRE, FRANCISCO
Address: 1232 GRANADA BLVD.
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP () Delete
Name: FREYTAG, ALEX
Address: 755 NORTH SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP () Delete
Name: MENENDEZ, JULIO
Address: 2665 SW 37TH AVENUE SUITE 1408
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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: GUILLERMO TABLADA

P

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date