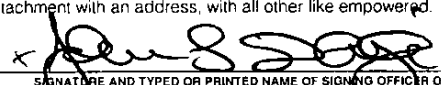


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90002 004 ***150.00

DOCUMENT # P93000054846 1. Entity Name THE ANESTHESIA GROUP OF SARASOTA, P.A.					
Principal Place of Business 5560 BEE RIDGE ROAD SUITE D-3 SARASOTA, FL 34233 US			Mailing Address 5560 BEE RIDGE ROAD SUITE D-3 SARASOTA, FL 34233 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLAU, KENNETH 5560 BEE RIDGE ROAD, SUITE D-3 BLDG A SUITE B SARASOTA, FL 34233			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BLAU, KENNETH 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Blau, Kenneth 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KOZMA, GEORGE 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WANG, JANICE 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRUKOFF, CHRISTOPHER D 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Bruhoff, Christopher D. 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEGARE, THOMAS K 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Legare, Thomas K. 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DLUNZNESKI, JOHN S 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Dlunzneski, John S. 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233
		☐ Change ☐ Addition			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/22/06					