


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000060900	
1. Entity Name MEADOWS ANESTHESIA SERVICE, P.A.	

Principal Place of Business 40 NE SECOND AVENUE DEERFIELD BEACH FL 33441	Mailing Address 40 NE SECOND AVENUE SUITE 3000 DEERFIELD BEACH FL 33441
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0431720	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TURNOFF, BYRON 40 NE SECOND AVENUE DEERFIELD BEACH FL 33441
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7. Name and Address of New Registered Agent
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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DESJARDINJ, GEORGES MD P.O. BOX 499 DEERFIELD BEACH FL 33443 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000061505 02/23/04-80084-016 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FRANKLE, ALLAN M.D. P.O. BOX 499 DEERFIELD BEACH FL 33443 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CASTENHOLZ, RAYMOND C M.D. P.O. BOX 499 DEERFIELD BEACH FL 33443 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RAMOS, ALFREDO I P.A. P.O. BOX 499 DEERFIELD BEACH FL 33443 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GARCIA-DORTA, FERNANDO MD, P.A. P.O. BOX 499 DEERFIELD BEACH FL 33443 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LUCK, GEORGE R M.D. P.O. BOX 499 DEERFIELD BEACH FL 33443 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George R Luck 02/23/04 254-426-8840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #