

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 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**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FCI Number**

**65-0431720**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TURNOFF, BYRON  
40 NE SECOND AVENUE  
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE  
IN THIS SPACE**

**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**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10.**

**OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>DESJARDIN, GEORGES MD</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX 499</b>
<b>CITY - ST - ZIP</b>	<b>DEERFIELD BEACH, FL 33443</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>FRANKLE, ALLAN M.D.</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX 499</b>
<b>CITY - ST - ZIP</b>	<b>DEERFIELD BEACH, FL 33443</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>CASTENHOLZ, RAYMOND C M.D.</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX 499</b>
<b>CITY - ST - ZIP</b>	<b>DEERFIELD BEACH, FL 33443</b>
<b>TITLE</b>	<b>ST</b>
<b>NAME</b>	<b>RAMOS, ALFREDO I P.A.</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX 499</b>
<b>CITY - ST - ZIP</b>	<b>DEERFIELD BEACH, FL 33443</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>GARCIA-DORTA, FERNANDO MD, P.A</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX 499</b>
<b>CITY - ST - ZIP</b>	<b>DEERFIELD BEACH, FL 33443</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>LUCK, GEORGE R M.D.</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX 499</b>
<b>CITY - ST - ZIP</b>	<b>DEERFIELD BEACH, FL 33443</b>

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01/24/05-80034-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Signature and typed or printed name of signing officer or director*

*01/10/05 (354) 426-8840*