2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006
Secretary of State

DOCUMENT# P93000060900

Entity Name: MEADOWS ANESTHESIA SERVICE, P.A.

Current Principal Place of Business:

40 NE SECOND AVENUE
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

40 NE SECOND AVENUE
SUITE 3000
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 65-0431720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DESJARDINJ, GEORGES MD
Address: P.O. BOX 499
City-St-Zip: DEERFIELD BEACH, FL 33443

Title: VD ( ) Delete
Name: FRANKLE, ALLAN M.D.
Address: P.O. BOX 499
City-St-Zip: DEERFIELD BEACH, FL 33443

Title: VD ( ) Delete
Name: CASTENHOLZ, RAYMOND C M.D.
Address: P.O. BOX 499
City-St-Zip: DEERFIELD BEACH, FL 33443

Title: ST ( ) Delete
Name: RAMOS, ALFREDO I P.A.
Address: P.O. BOX 499
City-St-Zip: DEERFIELD BEACH, FL 33443

Title: VD ( ) Delete
Name: GARCIA-DORTA, FERNANDO MD, P.A
Address: P.O. BOX 499
City-St-Zip: DEERFIELD BEACH, FL 33443

Title: VD ( ) Delete
Name: LUCK, GEORGE R M.D.
Address: P.O. BOX 499
City-St-Zip: DEERFIELD BEACH, FL 33443

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FOGEL, DAVID MD
Address: P.O. BOX 499
City-St-Zip: DEERFIELD BEACH, FL 33443

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

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

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

Title: ( ) Change ( ) Addition
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: ALFREDO I RAMOS M.D. ST 07/12/2006

Electronic Signature of Signing Officer or Director — Date