

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000060900

FILED  
Apr 19, 2007  
Secretary of State

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:

406 SW 12TH AVENUE  
DEERFIELD BEACH, FL 33442

## Current Mailing Address:

40 NE SECOND AVENUE  
SUITE 3000  
DEERFIELD BEACH, FL 33441

## New Mailing Address:

406 SW 12TH AVENUE  
DEERFIELD BEACH, FL 33442

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:

TURNOFF, BYRON  
406 SW 12TH AVENUE AVENUE  
DEERFIELD BEACH, FL 33442 US

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: BYRON TURNOFF

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FOGEL, DAVID 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: ( ) 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:

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: DAVID FOGEL, M.D.

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date