2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075810

Entity Name: C. R. ANESTHESIA, P.A.

FILED Jan 10, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6201 N SUNCOAST BLVD SEVEN RIVERS COMMUNITY HOSP DEPT ANEST CRYSTAL RIVER, FL 32629

Current Mailing Address: New Mailing Address:

PO BOX 457 CRYSTAL RIVER, FL 344230451

FEI Number: 59-3208344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERGER, ROBERT M MD
6201 N SUNCOAST BLVD

CRYSTAL RIVER, FL 32629 US CRYSTAL RIVER, FL 34428 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: LEONARD CALODNEY 01/10/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST () Delete Title: (X) Change () Addition CALODNEY, LEONARD MD CALODNEY, LEONARD MD Name: Name: 6201 N SUNCOAST BLVD 6201 N SUNCOAST BLVD Address: Address: City-St-Zip: CRYSTAL RIVER, FL 32629 City-St-Zip: CRYSTAL RIVER, FL 34428

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEONARD CALODNEY PRES 01/10/2004