


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90076 001 \*\*\*550.00

<b>DOCUMENT # P94000070765</b>	
1. Entity Name <b>ANESTHESIA SERVICES OF FLORIDA P.A.</b>	

Principal Place of Business <b>602 HALL OF FAME DR LAKE CITY FL 32055 US</b>	Mailing Address <b>PO BOX 1835 LAKE CITY FL 32055 US</b>
---	---

24014000



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>822 NW Scenic Lake Dr</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lake City FL</b>	City & State
Zip <b>32055</b>	Country <b>Columbia</b>

4. FEI Number <b>65-0528025</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>LANDON, R.E. RT 8 BOX 819 LAKE CITY FL 32055</b>	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>822 NW Scenic Lake Dr</b>	
City <b>Lake City</b>	FL Zip Code <b>32055</b>

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 *R.E. Landon* **R.E. Landon President** 5-8-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State.</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANDON, R.E. RT 8 BOX 819 LAKE CITY FL 32055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANDON, STEPHZNIE H RT 8 BOX 819 LAKE CITY FL 32055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>822 NW Scenic Lake Dr Lake City FL 32055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Landon Stephanie 822 NW Scenic Lake Dr Lake City FL 32055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *R.E. Landon* **R.E. Landon** 5-8-04 386 755 7705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #