

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90015 001 ***150.00

DOCUMENT # P94000087911

1. Entity Name
MID-FLORIDA ANESTHESIA ASSOCIATES, INC.



Principal Place of Business
**4362 NORTHLAKE BLVD
STE 207
PALM BEACH GARDENS, FL 33410**

Mailing Address
**P.O. BOX 85057
SAN DIEGO, CA 92186-5057**

94051850



02122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-65-0543889 65-0542889		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COEL, MARK A ESQ 621 NW 53RD ST SUITE 420 BOCA RATON, FL 33487-0000				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, MARC	NAME		NAME		NAME	
STREET ADDRESS	3500 SW CENTRE COURT	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIEFEL, ROBERT	NAME		NAME		NAME	
STREET ADDRESS	6575 NW 33RD AVE	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, RAMON	NAME		NAME		NAME	
STREET ADDRESS	8858 STEEPLECHASE DRIVE	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33418	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

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, without other like empowered.

SIGNATURE: Mark Levine, MD **President** 4/15/04 772-223-2115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #