2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043441

Entity Name: CENTRAL SPACE COAST ANESTHESIOLOGY, P.A.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
CAPE CANAVERAL HOSPITAL 701 WEST COCOA BEACH CSWY COCOA BEACH, FL 32931						
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 320069 COCOA BEACH, FL 327320040						
FEI Number: 59-3310967 FEI Number Applied For () FEI Num			El Number Not Appl	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
VONDERHEIDE, CHRISTOPHER 25 BOUGAINVILLEA DRIVE COCOA BEACH, FL 32931 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:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VD (X) MCFARLANE, JC 201 JUNE DR COCOA BEACH,		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	AVP () I STATHIS, DEME 489 SOUTH ATLA COCOA BEACH,	ANTIC AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	ASD () I PRESTON, WILL 205 ALAMEDA MERRITT ISLAN		Title: Name: Address: City-St-Zip:	ASD (X) Change () Addition PRESTON, WILLIAM L 4297 CROOKED MILE ROAD MERRITT ISLAND, FL 32952		
Title: Name: Address: City-St-Zip:	SD () I GOLOVAC, STAI 4395 CROOKED MERRITT ISLAN	MILE RD	Title: Name: Address: City-St-Zip:	2VP (X) Change () Addition JEFFREY, FISK B 475 RAMSEY LANE MERRITT ISLAND, FL 32952		
Title: Name: Address: City-St-Zip:	PD () I VONDERHEIDE, 25 BOUGAINVILI COCOA BEACH,	LEA DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	TD () I GAYLES, RICHA 1982 SYKES CR MERRITT ISLAN	EEK PKWY	Title: Name: Address: City-St-Zip:	3VP (X) Change () Addition NIMOCKS, JAMES A 4380 VIEWCREST DRIVE MERRITT ISLAND, FL 32953		
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: CHRISTOPHER VONDERHEIDE PD 04/25/2006 Date