

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044378

FILED
May 05, 2006
Secretary of State

Entity Name: DSC ANESTHESIA, M.D., P.A.

Current Principal Place of Business:

210 SOUTH PARK AVENUE
SUITE 102
SANFORD, FL 32771

New Principal Place of Business:

PO BOX 953157
LAKE MARY, FL 32795 US

Current Mailing Address:

PO BOX 1714
SANFORD, FL 32772 US

New Mailing Address:

PO BOX 953157
LAKE MARY, FL 32795 US

FEI Number: 59-3318579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR.
1150 LOUISIANA AVENUE
SUITE 4
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ESPINOLA, ARTURO F
Address: 210 SOUTH PARK AVENUE, SUITE 102
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: BINFORD, MICHAEL A
Address: 210 SOUTH PARK AVENUE, SUITE 102
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: ESPINOLA, ARTURO F
Address: PO BOX 953157
City-St-Zip: LAKE MARY, FL 32795 US

Title: MD (X) Change () Addition
Name: BINFORD, MICHAEL A
Address: PO BOX 953157
City-St-Zip: LAKE MARY, FL 32795 US

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: ARTURO ESPINOLA

MD

05/05/2006

Electronic Signature of Signing Officer or Director

Date