


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000044378 1. Entity Name DSC ANESTHESIA, M.D., P.A.	
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Principal Place of Business PO BOX 953157 LAKE MARY, FL 32795 US	Mailing Address PO BOX 953157 LAKE MARY, FL 32795 US
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DO NOT WRITE IN THIS SPACE

03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3318579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ESPINOLA, ARTURO F PO BOX 953157 LAKE MARY, FL 32795
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BINFORD, MICHAEL A PO BOX 953157 LAKE MARY, FL 32795
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05/09/07-80059-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Arturo F. Espinola **4-22-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #