2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005
Secretary of State

DOCUMENT# P95000077070

Entity Name: POLK COUNTY ANESTHESIA, P.A.

Current Principal Place of Business:

B.M.H. - DEPT. OF ANESTHESIOLOGY
2200 OSPREY BLVD
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

912 HAMILTON PLACE DR.
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3339231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKES, ANN MARIE E M.D.
912 HAMILTON PLACE DR.
LAKELAND, FL 33813 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: PST ( ) Delete
Name: WEEKES, ANN MARIE E M.D.
Address: 912 HAMILTON PLACE DR
City-St-Zip: LAKELAND, FL 33813 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANN MARIE E. WEEKES, M.D. PRES 05/23/2005

Electronic Signature of Signing Officer or Director — Date