

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000085360

FILED
Feb 24, 2005
Secretary of State

Entity Name: SOUTH PALM BEACH ANESTHESIOLOGY, P.A.

Current Principal Place of Business:

21644 STATE RD. 7
BOCA RATON, FL 334281899 US

New Principal Place of Business:

6234 NW 23RD TER
BOCA RATON, FL 334963615 US

Current Mailing Address:

6234 NW 23 TER
BOCA RATON, FL 33496 US

New Mailing Address:

6234 NW 23RD TER
BOCA RATON, FL 334963615 US

FEI Number: 65-0620896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITTER, DAVID
6234 NW 23 TERRACE
BOCA RATON, FL 334963615 US

Name and Address of New Registered Agent:

RITTER, DAVID P MD
6234 NW 23RD TER
BOCA RATON, FL 334963615 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: DAVID P RITTER MD

02/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDBRIL, STEVEN D MD
Address: 2880 NE 23RD CT
City-St-Zip: POMPANO BEACH, FL 330631130 US

Title: TVPD () Delete
Name: RITTER, DAVID P MD
Address: 6234 NW 23RD TER
City-St-Zip: BOCA RATON, FL 334963615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DAVID P RITTER, MD

TVPD

02/24/2005

Electronic Signature of Signing Officer or Director

Date