

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000003398					
1. Entity Name ALLIANCE ANESTHESIA, INC.					
Principal Place of Business 4362 NORTHLAKE BLVD. SUITE 207 PALM BEACH GARDENS, FL 33410 US			Mailing Address PO BOX 85057 SAN DIEGO, CA 92186-5057 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04052004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0644710				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COEL, MARK A 621 NW 53RD ST SUITE 420 BOCA RATON, FL 33487-0000			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LEVINE, MARC 3500 SW CENTRE CT PALM CITY, FL 34990	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000116857 04/16/04-80082-014 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD STIEFEL, ROBERT 6575 NW 33RD AVE BOCA RATON, FL 33496	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALVAREZ, RAMON 8858 STEEPCCHASE DR. WEST PALM BEACH, FL 33418	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <i>Robert Stiefel</i> 4/16/04 (561) 676-7171 x16					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					