


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90435 012 ***150.00

0606572 AV

DOCUMENT # P96000003398	
1. Entity Name ALLIANCE ANESTHESIA, INC.	

Principal Place of Business 300 NW 5TH ST SUITE 312 OKEECHOBEE FL 34972 US	Mailing Address 300 NW 5TH ST SUITE 312 OKEECHOBEE FL 34972 US
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2. Principal Place of Business 4362 Northlake Blvd. Suite, Apt. #, etc. Suite 207 City & State Palm Beach Gardens, FL Zip 33410 Country USA	3. Mailing Address P.O. Box 85057 Suite, Apt. #, etc. City & State San Diego, CA Zip 92186-5057 Country USA
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0644710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COEL, MARK A 2700 SOUTH COMMERCE PARKWAY SUITE 305 WESTON FL 33331-0000	
7. Name and Address of New Registered Agent Name Coel, Mark A. Street Address (P.O. Box Number is Not Acceptable) 33 Southeast 8th Street Suite 400 City Boca Raton FL Zip Code 33432-0000	

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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME LEVINE, MARC STREET ADDRESS 3500 SW CENTRE CT CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> Delete	TITLE VPD NAME LEVINE, MARC STREET ADDRESS 3500 SW CENTRE CT. CITY-ST-ZIP PALM CITY, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME STIEFEL, ROBERT STREET ADDRESS 6575 NW 33RD AVE CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> Delete	TITLE STD NAME STIEFEL, ROBERT STREET ADDRESS 6575 NW 33RD AVE. CITY-ST-ZIP BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME ALVAREZ, RAMON STREET ADDRESS 8858 STEEPLECHASE DR. CITY-ST-ZIP WEST PALM BEACH FL 33418	<input type="checkbox"/> Delete	TITLE PD NAME ALVAREZ, RAMON STREET ADDRESS 8858 STEEPLECHASE DR. CITY-ST-ZIP WEST PALM BEACH, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Stiefel **SIGNATURE REQUIRED** April 9, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP25034 (10/02)



*Anesthesia
Management Services*

Attachment
800-887-39

P9400000339

TEAM HEALTH
ANESTHESIA MANAGEMENT SERVICES

mail: P.O. Box 85057 • San Diego, CA 92186-5057
3626 Ruffin Road • San Diego, CA 92123-1810
phone: 858.277.4767 • fax: 858.565.9441

Via U.S. Mail

April 15, 2003

Uniform Business Reports
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2003 Uniform Business Reports

Dear Sir/Madame:

Enclosed for filing, please find each of the following documents:

1. A 2003 Uniform Business Report for Alliance Anesthesia, Inc. ("AA");
2. Check number 100144, in the amount of \$150.00, to cover all costs associated with the filing of AA's UBR;
3. A 2003 Uniform Business Report for Anesthesia Associates of Southern Ohio, Inc. ("AASO");
4. Check number 100181, in the amount of \$150.00, to cover all costs associated with the filing of AASO's UBR;
5. A 2003 Uniform Business Report for Mobile Anesthesia Associates, Inc. ("MAA"); and
6. Check number 100117, in the amount of \$150.00, to cover all costs associated with the filing of MAA's UBR.

Should you have any questions or concerns regarding the enclosed, please do not hesitate to call me at (858) 495-2034.

Very truly yours,

Ryon C. Terry
Corporate Paralegal
Team Health Anesthesia Management Services Legal Department

Enclosures