

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000024275

1. Entity Name
J. THOMAS ANESTHESIA SERVICES, INC.



Principal Place of Business _____
1756 SW CAPTAINS PL.
PALM CITY, FL 34990

Mailing Address
1756 SW CAPTAINS PL.
PALM CITY, FL 34990



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0660985	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUNDHEIM, FREDERICK G JR.
310 SW OCEAN BLVD.
STUART, FL 34994

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution:

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PST
NAME: THOMAS, JOANN P
STREET ADDRESS: 1756 SW CAPTAINS PL.
CITY-ST-ZIP: PALM CITY, FL 34990

U000001189589
01/18/05-80074-014 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Joann P. Thomas - Joann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2005

Date

Daytime Phone #