

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024518

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA ANESTHESIOLOGY & PAIN CLINIC, P.A.

**Current Principal Place of Business:**

1707 S.25TH STREET  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

748 LAKSIDE DRIVE  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 65-0657321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

XAVIER, RAVI M.D.  
748 LAKSIDE DRIVE  
NORTH PALM BEACH, FL 33408 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: XAVIER, RAVI M.D.  
Address: 748 LAKSIDE DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 33408

**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: RAVI XAVIER

OFFI

04/29/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date