2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90073 009 ***150.00

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1. Entity Name
ANESCO ANESTHESIA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5757 N. DIXIE HWY OPERATING ROOM FT LAUDERDALE, FL 33334 US	3601 W COMMERCIAL BLVD SUITE 4 & 5 FORT LAUDERDALE, FL 33309 US

50027779

03012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0694543 — 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
MELI, RICHARD 3601 W COMMERCIAL BLVD SUITE 4 & 5 FORT LAUDERDALE, FL 33309	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) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	KOLBERT, PAUL M.D.	NAME	TIMOTHY LORENZ M.D.
STREET ADDRESS	3601 W COMMERCIAL BLVD, SUITE 4& 5	STREET ADDRESS	3601 W. COMMERCIAL BLVD SUITE 4 & 5
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	P ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	MELI, RICHARD M.D.	NAME	RAFAEL RAMIREZ M.D.
STREET ADDRESS	3601 W COMMERCIAL BLVD, SUITE 4 & 5	STREET ADDRESS	3601 W. COMMERCIAL BLVD SUITE 4 & 5
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	ST ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	SNYDER, SCOTT A MD	NAME	RICHARD KUSHNICK M.D.
STREET ADDRESS	3601 W COMMERCIAL BLVD, SUITE 4 & 5	STREET ADDRESS	3601 W. COMMERCIAL BLVD. SUITE 4 & 5
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		NAME	DUANE SZCZEPANSKI M.D.
STREET ADDRESS		STREET ADDRESS	3601 W. COMMERCIAL BLVD. SUITE 4 & 5
CITY-ST-ZIP		CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		NAME	UNSER KHAN M.D.
STREET ADDRESS		STREET ADDRESS	3601 W. COMMERCIAL BLVD SUITE 4 & 5
CITY-ST-ZIP		CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		NAME	DAVID HEAD M.D.
STREET ADDRESS		STREET ADDRESS	3601 W. COMMERCIAL BLVD SUITE 4 & 5
CITY-ST-ZIP		CITY-ST-ZIP	FT. LAUDERDALE FL 33309

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: PAUL KOLBERT M.D. V.P. — 3/15/05 — 954 484 7519

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