ANNUAL CONTRACTOR	ROFIT ORATION L REPORT 999	Katherin Secretary DIVISION OF C	y of State	FILE 99 JUN -3)
DOCUMENT # P96000096088 1. Corporation Name			e e	SHUMLTART OF STATE TALLAHASSEE, FLORIDA		
ANESTHESI Principal Place of	A AT ITS BEST, IN	Mailing Address	DDS LANE	-		
		WEST PALM BEAC	CH FL 33412	DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE	
2. Principal Pla 21	ce of Business	2a. Mailing Address 26	<u></u>	4. FEI Number 65-0731346		Applied For Not Applicable
Suite, Apt. #	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & State		City & State		Election Campaign Financing Trust Fund Contribution		May Be
Zip 24	Country 25	Zip 39	Country	This corporation owes the curre- Property Tax.	nt year Intangib Yes	le Personal No
	9. Name and Address of Curren		81 Name	10. Name and Address of New Re	gistered Agent	
Keith	A. JAMES, P.	ALCO BUD		750 p N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1655	PAIM BEACH I	St# 810	<u> </u>	ress (P.O. Box Number is Not Acceptab	ne)	
West	PAIM BEACH,	FL 33401	83			
V • • • • • • • • • • • • • • • • • • •		,	84 City		FJ 85 2	ip Code
44 Duramont to 4			I 4			
registered off	the provisions of Sections 607.050 fice or registered agent, or both, in	02 and 607.1508, Florida Statun the State of Florida, Such ch	tes, the above-named ange was authorized b	corporation submits this statement for	the purpose of the pereby accept	changing its
registered off as registered	he provisions of Sections 607.050 fice or registered agent, or both, in I agent. I am familiar with, and acc	02 and 607.1508, Florida Statu n the State of Florida. Such ch cept the obligations of, Section	tes, the above-named ange was authorized b 607.0505, Florida Sta	by the corporation's board of directors. I stutes.	the purpose of a hereby accept	changing its the appointment
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