

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000096088

FILED
May 04, 2004
Secretary of State

Entity Name: ANESTHESIA AT ITS BEST, INC.

Current Principal Place of Business:

11760 BLACKWOODS LANE
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

11760 BLACKWOODS LANE
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: 65-0731346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, KEITH A P.A.
1655 PALM BEACH LAKES BLVD, SUITE 810
WEST PALM BEACH, FL 33401 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMPSON, FERMAL
Address: 11760 BLACKWOODS LANE
City-St-Zip: WEST PALM BEACH, FL 33412

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: FERMAL SIMPSON

DIRE

05/04/2004

Electronic Signature of Signing Officer or Director

Date