

FILED
Apr 23, 2003 8:00 am
Secretary of State


04-23-2003 90151 003 ***150.00

1308 **DAI**

DOCUMENT # P96000096088

1. Entity Name

ANESTHESIA AT ITS BEST, INC.

The seal of the State of Florida is located in the top right corner. It is a circular emblem with the text "GREAT SEAL OF THE STATE OF FLORIDA" around the top and "IN GOD WE TRUST" around the bottom. The center features a shield with a palm tree, a sun, and a ship.

Principal Place of Business	Mailing Address
11760 BLACKWOODS LANE	11760 BLACKWOODS LANE
WEST PALM BEACH FL 33412	WEST PALM BEACH FL 33412

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. <i>Same</i>	Suite, Apt. #, etc. <i>Same</i>

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0731346	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

JAMES, KEITH A P.A. 1655 PALM BEACH LAKES BLVD, SUITE 810 WEST PALM BEACH FL 33401	Name
	Street Address
	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY - ST - ZIP	D SIMPSON, FERMAL 11760 BLACKWOODS LANE WEST PALM BEACH FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Fernando Simpson 4/20/03 561-6244292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)