

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033923

FILED  
Feb 10, 2005  
Secretary of State

Entity Name: MIAMI BEACH ANESTHESIOLOGY ASSOCIATES, INC.

## Current Principal Place of Business:

4300 ALTON RD #205A  
MIAMI BCH, FL 33140 US

## New Principal Place of Business:

## Current Mailing Address:

4300 ALTON RD #205A  
MIAMI BCH, FL 33140 US

## New Mailing Address:

FEI Number: 65-0746342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PLOUCHA, L.M.  
1946 TYLER ST.  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

PLOUCHA, L.M.  
100 SE 3RD AVENUE  
SUITE 1400  
FT. LAUDERDALE, FL 33394 US

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:

02/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WITTELS, S. HOWARD  
Address: 7811 SW 88 TERR.  
City-St-Zip: MIAMI, FL 33156

Title: DVP ( ) Delete  
Name: GARCIA, GUILLERMO  
Address: 912 SE 6TH ST.  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: SDDT ( ) Delete  
Name: FOSTER, LAURA A  
Address: 1241 N. RIO VISTA BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: HECTOR DAVILA,  
Address: 3736 LOQUAT AVE  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: GOLDMAN, HOWARD  
Address: 13010 MIRANDA STREET  
City-St-Zip: CORAL GABLES, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: S. HOWARD WITTELS

PD

02/10/2005

Electronic Signature of Signing Officer or Director

Date