

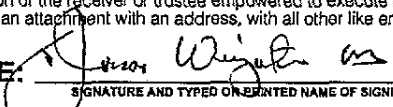


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000045499 1. Entity Name MANATEE ANESTHESIA AND PAIN ASSOCIATES, P.A.																																																				
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business C/O MANATEE MEMORIAL HOSPITAL, ANESTHESIA 206 SECOND STREET EAST BRADENTON, FL 34208</div><div>Mailing Address C/O MANATEE MEMORIAL HOSPITAL, ANESTHESIA 206 SECOND STREET EAST BRADENTON, FL 34208</div></div>																																																				
DO NOT WRITE IN THIS SPACE		<div>01102006 No Chg-P CR2E034 (11/05)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 65-0755374</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0755374	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																															
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6. Name and Address of Current Registered Agent WICKMAN, JOHN E 4909 MANATEE AVE WEST BRADENTON, FL 34209		DO NOT WRITE IN THIS SPACE																																																		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>																																																				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/16/06</u> (941) 745-6829 <small>Daytime Phone #</small>																																																		