

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078080

FILED
Jul 01, 2005
Secretary of State

Entity Name: PALM BAY ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

PALM BAY COMMUNITY HOSPITAL
1425 MALABAR RD NE
PALM BAY, FL 32907 US

New Principal Place of Business:

Current Mailing Address:

282 FLANDERS DRIVE
INDIALANTIC, FL 32903 US

New Mailing Address:

1425 MALABAR ROAD N.E.
PALM BAY, FL 32907 US

FEI Number: 59-3475907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, CHRISTOPHER J ESQ
1329 BEDFORD DRIVE, SUITE 1
MELBOURNE, FL 32940 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: DP () Delete
Name: VANDENBOSCH, MARK J
Address: 1425 MALABAR RD NE
City-St-Zip: PALM BAY, FL 32907

Title: DS () Delete
Name: MURTHA, PATRICK A
Address: 1425 MALABAR RD NE
City-St-Zip: PALM BAY, FL 32907

Title: DT () Delete
Name: BLACKWOOD, ROBERT S MD
Address: 1425 MALABAR RD NE
City-St-Zip: PALM BAY, FL 32407

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:

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: MARK J. VANDENBOSCH, MD

DP

07/01/2005

Electronic Signature of Signing Officer or Director

_____ Date