2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# P98000002036

Entity Name: LAKE COUNTY ANESTHESIA PARTNERS, P.A.

Current Principal Place of Business:

ANETHESIA DEPT
201 N EUSTIS STREET
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

300 N.W. 5TH ST.
#312
OKEECHOBEE, FL 34972

New Mailing Address:

2182 SW DOVE CANYON WAY
PALM CITY, FL 34990

FEI Number: 65-0818956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COEL, MARK A
621 NW 53RD ST
SUITE 420
BOCA RATON, FL 334870000 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: STIEFEL, ROBERT
Address: 6575 NW 33RD AVE
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: LEVINE, MARC
Address: 3500 SW CENTRE CT.
City-St-Zip: PALM CITY, FL 33496

Title: PD ( ) Delete
Name: ZELKOWITZ, MICHAEL
Address: 404 TIMBER RIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: STD ( ) Delete
Name: SAMUEL, FELICE
Address: 2182 SW DOVE CANYON WAY
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: ALVAREZ, RAMON
Address: 8858 STEEPLECHASE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: FELICE SAMUEL STD 05/06/2005

Electronic Signature of Signing Officer or Director Date