2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004
Secretary of State

DOCUMENT# P98000020268

Entity Name: ANESTHESIA CARE EXPERTS, INC.

Current Principal Place of Business:

880 SIXTH STREET SOUTH
STE 110
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

880 SIXTH STREET SOUTH
STE 110
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-3498964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, JEFFREY W
880 6TH STREET SOUTH
SUITE 110
ST PETERSBURG, FL 33701 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: VD ( ) Delete
Name: ELINGER, JOHN H
Address: 880 6TH ST S SUITE 110
City-St-Zip: ST PETERSBURG, FL 33701

Title: SD ( ) Delete
Name: MILLER, JEFFREY W
Address: 880 6TH ST S SUITE 110
City-St-Zip: ST PETERSBURG, FL 33701

Title: TD ( ) Delete
Name: VENER, DAVID F
Address: 880 6TH ST S SUITE 110
City-St-Zip: ST PETERSBURG, FL 33701

Title: SD ( ) Delete
Name: DICKERSON, ROBERT R
Address: 880 6TH ST S SUITE 110
City-St-Zip: ST PETERSBURG, FL 33701

Title: DVP (X) Delete
Name: VU, DIEN N
Address: 880 6TH ST S SUITE 110
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: VU, DIEN
Address: 880 6TH ST S SUITE 110
City-St-Zip: ST PETERSBURG, FL 33701

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: JEFFREY W. MILLER SD 07/07/2004

Electronic Signature of Signing Officer or Director — Date