


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000079653 1. Entity Name NURSE ANESTHESIA PROVIDERS, INC.	
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Principal Place of Business 4706 SOUTHEAST 14TH STREET OCALA, FL 34471	Mailing Address 4706 SOUTHEAST 14TH STREET OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3534517	Applied For <input type="checkbox"/> Not Applicable
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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 FULLER, JEFFERY M 100 NORTH TAMPA STREET SUITE 2650 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOUGLAS, JOHN T 4706 SOUTHEAST 14TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOUGLAS, CAROL G 4706 SOUTHEAST 14TH STREET OCALA, FL 34471
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**DO NOT WRITE
IN THIS SPACE**

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07/27/04-80004-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  	18 July 04	352 694 7801
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>