2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006778

408 EVANS RD

NICEVILLE, FL 32578

Address:

City-St-Zip:

Entity Name: GREAT LAKES ANESTHESIA, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 408 EVANS ROAD NICEVILLE, FL 325784504 **Current Mailing Address: New Mailing Address:** 1114 JOHN SIMS PKWY PMB 381 NICEVILLE, FL 325784504 FEI Number: 74-2834956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CADWELL, WILLIAM E 408 EVANŚ ROAD NICEVILLE, FL 325784504 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CADWELL, WILLIAM E Name: Name: 408 EVANS RD Address: Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: Title: Title: () Change () Addition () Delete CADWELL, DEANA M Name: 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: WILLIAM E. CADWELL PRES 04/30/2005