2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000007805

Entity Name: SUMMIT ANESTHESIOLOGY, INC.

FILED Jul 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

842 PALM OAK DR APOPKA, FL 32712

Current Mailing Address: New Mailing Address:

P.O. BOX 1510 APOPKA, FL 32704

FEI Number: 59-3554707 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:

MORGAN, JOSEPH F
490 SANDY HOOK ROAD
TREASURE ISLAND, FL 33706 US

MORGAN, JOSEPH F
6052 PASADENA POINT BLVD.
GULFPORT, FL 33707 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: 07/06/2005

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: MORGAN, JOSEPH Name: MORGAN, JOSEPH Address: 490 SANDY HOOK ROAD Address: 6052 PASADENA POINT BLVD
City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: GULFPORT, FL 33707

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: JOSEPH MORGAN PRES 07/06/2005