2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003
Secretary of State

DOCUMENT# P99000027663

Entity Name: PRN ANESTHESIA, INC.

Current Principal Place of Business:

12016 WANDSWORTH DRIVE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

P.O BOX 1204
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3571086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERN, DEDRA
3116 W HARBOR VIEW
TAMPA, FL 33611

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BELLINO, PAULA
Address: 12016 WANDSWORTH DRIVE
City-St-Zip: TAMPA, FL 33626

Title: VP ( ) Delete
Name: HERN, DEDRA
Address: 3116 W HARBOR VIEW
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PAULA BELLINO PD 03/24/2003

Electronic Signature of Signing Officer or Director — Date