

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043983

FILED
Jan 10, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA ANESTHESIA CONSULTANTS, P.A.

Current Principal Place of Business:

235 W TARRINGTON DR
DELAND, FL 32724

New Principal Place of Business:

14530 TABAGO BAY DRIVE
WINTER GARDEN, FL 34787

Current Mailing Address:

P.O. BOX 788
DELAND, FL 32721

New Mailing Address:

FEI Number: 59-3579648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAWKINS, JULIE H M.D.
235 W TARRINGTON DR
DELAND, FL 32724 US

Name and Address of New Registered Agent:

HUGHES, JULIE H M.D.
14530 TABAGO BAY DRIVE
WINTER GARDEN, FL 34787 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: JULIE H. HUGHES, M.D.

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HAWKINS, JULIE H
Address: 235 W TARRINGTON DR
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: HUGHES, JULIE H
Address: 14530 TABAGO BAY DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

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: JULIE H. HUGHES, M.D.

DR.

01/10/2005

Electronic Signature of Signing Officer or Director

Date