


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90005 029 ***150.00

DOCUMENT # P99000067993 1. Entity Name ANESTHESIOLOGY PROFESSIONAL SERVICES, INC.					
Principal Place of Business 4703 N. ARMENIA AVE. TAMPA, FL 33603			Mailing Address 4703 N. ARMENIA AVE. TAMPA, FL 33603		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3589566	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC 401 E JACKSON ST STE 1700 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Joe Rugg</u> 4/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GARI, RODOLFO JR. 4703 N. ARMENIA AVE. TAMPA, FL 33603	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LOWE, SCOTT 4726 N HABANA AVE STE 204 TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO DOYLE, MIKE 4726 N HABANA AVE STE 204 TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Scott Lowe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/17/07 813 569-6500 <small>Date Daytime Phone #</small>		

