
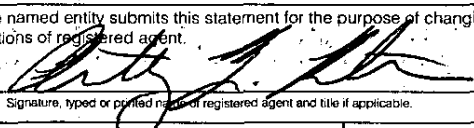
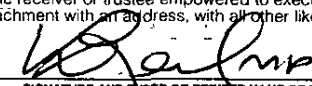


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90008 021 \*\*\*150.00

<b>DOCUMENT # P99000084113</b>					
1. Entity Name ALLMED ANESTHESIA ASSOCIATES, P.A.					
Principal Place of Business 4210 BUNKER DRIVE SEBRING, FL 33872			Mailing Address 4210 BUNKER DR SEBRING, FL 33872		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0952529	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RITENOUR, ANTHONY L ESQ. 551 SOUTH COMMERCE AVENUE SEBRING, FL 33870-3869				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  DATE 7/19/04 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAWAHIR, MARK MD 2128 NW LAKEVIEW DR SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PURST Witford Reid MD 4210 Bunker Dr. Sebring, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REID, WITFORD MD 4210 BUNKER DR SEBRING, FL 33872	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCREA-RYAN, YVETTE MD 2425 NW LAKEVIEW DR. SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

44049456



07142004 Chg-P CR2E034 (10/03)