2005 FOR PROFIT CORPORATION ANNUAL REPORT

-Mar 26, 2005 08:00 AM Secretary of State **DOCUMENT # P99000084113** 1. Entity Name ALLMED ANESTHESIA ASSOCIATES, P.A. Principal Place of Business_ Mailing Address **4210 BUNKER DRIVE** 4210 BUNKER DR SEBRING, FL 33872 SEBRING, FL 33872 03172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0952529 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE RITENOUR, ANTHONY L ESQ. 551 SOUTH COMMERCE AVENUE SEBRING, FL 33870-3869 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing FILE NOW!!!_FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. UUU0000277258 PVST 03/26/05-80023-004 150.00 TITLE NAME, WITFORD, REID MD STREET ADDRESS 4210 BUNKER DR CITY-ST-ZIP SEBRING, FL 33872 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 otherwise empowered. SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND T

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