


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000084113</b> 1. Entity Name ALLMED ANESTHESIA ASSOCIATES, P.A.	
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Principal Place of Business 4210 BUNKER DRIVE SEBRING, FL 33872	Mailing Address 4210 BUNKER DR SEBRING, FL 33872
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<b>DO NOT WRITE IN THIS SPACE</b>
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06122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0952529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  RITENOUR, ANTHONY L ESQ. 551 SOUTH COMMERCE AVENUE SEBRING, FL 33870-3869
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	U00000567394 06/19/06 00000 015 150.00 DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WITFORD, REID MD 4210 BUNKER DR SEBRING, FL 33872
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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.

<b>SIGNATURE:</b> 	6/15/06	8634711413
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>