2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000096175

City-St-Zip:

ST AUGUSTINE, FL 32080

Entity Name: AAA ANESTHESIA SERVICES, PA

FILED Jan 07, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	ANTIC VIEW JSTINE, FL 320	080			
Current Mailing Address:			New Mailing Address:		
	ANTIC VIEW JSTINE, FL 320	080			
FEI Numbe	r: 59-3605936	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
5173 ATĹ	KATHERINE ANTIC VIEW JSTINE, FL 320	080			
	e named entity te of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATL	JRE:				
	Electron	nic Signature of Registered Age	ent	Date	
Election Ca	ampaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	P (MARTIN, KATH 5173 ATLANTIO		Title: (Name: Address:) Change ()Addition	

City-St-Zip:

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: KATHERINE MARTIN PRES 01/07/2003