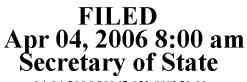
2006 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # S62193 1. Entity Name



BAYFRONT ANESTHESIA SERVICES, P.A.					0101200030017021	150.00	
Principal Plac	e of Business	Mailing Address					
3637 4TH ST. NORTH SUITE 400 ST PETERSBURG FL 33704 US		3637 4TH ST. NORTH SUITE 400 ST PETERSBURG FL 33704 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		15	1st MOORE CR2E034 (10/05)		
City & State		City & State		4. FEi Numb	59-3072468 Applied For Not Applicable		·
Zip	Country	Zip	Country	5. Certificate		8.75 Add	
	6. Name and Address of Current I	Registered Agent		7. Name and	d Address of New Registered A		
			Name	Name			
MARDER, JEFFREY 3637 4TH STREET NORTH #40 ST PETERSBURG FL 33704		Street		dress (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code	e
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 .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature req	iuired when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financin Trust Fund Contribution. [00 May Be ed to Fees
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFICERS AND I	DIRECTORS	3 IN 11
TITLE	D	☐ Delete	TITLE			Change	Addition
	MARDER, JEFFREY		NAME				[
STREET ADDRESS CITY-ST-ZIP	998 LAKE PLACIDO CT. NE		STREET ADDRESS CITY-ST-ZIP				
	ST PETERSBURG FL 33703	N/	-				
TITLE HAME	BERARD, TORTORICE	Delete	TITLE NAME			Change	Addition
STREET ADDRESS	127 BAYPOINT DR NE		STREET ADDRESS				ļ
CITY-ST-ZIP	SAINT PETERSBURG FL 33704		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			☐ Change	Addition
NAME	EVANS, BILL		NAME	-			_
STREET ADDRESS	390 4TH AVE NORTH		STREET ADDRESS				
CITY-ST-ZIP	TERRA VERDE FL 33715		CITY-ST-ZIP				
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	LUDNER, CONFIDENT		NAME				
STREET ADDRESS	1416 - 72ND AVE., N.E.		STREET ADDRESS				
CITY-ST-ZtP	ST. PETERSBURG FL	P-1	CITY-ST-ZIP				
TITLE	BOYAJIAN, JEOFFREY	Delete	TITLE			Change	☐ Addition
NAME STREET ADDRESS	2279 MERMAID POINT NE		NAME STREET ADDRESS				
CITY-ST-ZIP	SAINT PETERSBURG FL 33703		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME		mi Delete	NAME			change	C VOCUTION
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	}		CITY-ST-ZIP				
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exemptions conta	ained in Section 1	19. Florida Statutes, Lituriber certi	fy that the in	nformation

In Pereby Cerrity that the information supplied with this filling does not quality for the exemptions contained in Section 119, Horida 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 of 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.

GNATURE:

| Comparison of the information of the executation of the executation

SIGNATURE

MANURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR