


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2004 08:00 AM  
Secretary of State

DOCUMENT # S94669	
1. Entity Name ANESTHESIA ASSOCIATES OF P.B.G., P.A.	

Principal Place of Business 3370 BURNS RD 200 WEST PALM BEACH FL 33410 US	Mailing Address 3370 BURNS RD 200 WEST PALM BEACH FL 33410 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number 65-0294187	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  KAPILA, ARVIND MD 3370 BURNS RD #200 WEST PALM BEACH FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KAPILA, ARVIND 127 SPINNAKER LN JUPITER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000066988 02/26/04-80035-013 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TONKS, MICHAEL K. 7936 STEEPLECHASE DR. PALM BEACH GARDENS FL 33418 <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	VP NEWTON, DRAGICA 14386 CYPRESS ISLAND CT PALM BEACH GARDENS FL 33410 <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	T WEISS, JEFFERY 1021 COUNTRY CLUB DR. NORTH PALM BEACH FL 33408 <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	S CHEN, CHIN 474 TEQUESTA DR. TEQUESTA FL 33469 <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)(f), 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, without other like empowered.

SIGNATURE: 	JEFFERY WEISS MD	2/23/04	561-626-9882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #