

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046316

FILED  
Feb 02, 2004  
Secretary of State

**Entity Name:** ANESTHESIA CLINICAL & EDUCATIONAL SERVICES, P.A.

**Current Principal Place of Business:**

3745 WAYMOUTH CIRCLE  
NAPLES, FL 34112

**New Principal Place of Business:**

3745 WEYMOUTH CIRCLE  
NAPLES, FL 34112

**Current Mailing Address:**

3745 WAYMOUTH CIRCLE  
NAPLES, FL 34112

**New Mailing Address:**

3745 WEYMOUTH CIRCLE  
NAPLES, FL 34112

**FEI Number:** 20-0008004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: PEREZ, ODENA  
Address: 3745 WAYMOUTH CIRCLE  
City-St-Zip: NAPLES, FL 34112

Title: SVD ( ) Delete  
Name: PEREZ, ERNESTO  
Address: 3745 WAYMOUTH CIRCLE  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: PEREZ, IDENA  
Address: 3745 WEYMOUTH CIRCLE  
City-St-Zip: NAPLES, FL 34112

Title: SVD (X) Change ( ) Addition  
Name: PEREZ, ERNESTO  
Address: 3745 WEYMOUTH CIRCLE  
City-St-Zip: NAPLES, FL 34112

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:** IDENA CARROLL-PEREZ

PTD

02/02/2004

Electronic Signature of Signing Officer or Director

Date