


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90033 038 ***150.00

DOCUMENT # F53816
 1. Entity Name
THE ANESTHESIA GROUP, P.A.



Principal Place of Business Mailing Address
4901 GRANDE DRIVE **PO BOX 30423**
PENSACOLA FL 32504 **PENSACOLA FL 32503**
US **US**

00001407



2. Principal Place of Business 3. Mailing Address
3214 Cromwell CT
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
Cantonment FL
 Zip Country Zip Country
32533 USA

4. FEI Number **59-2166388** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BENTZ, PHILIP D
4901 GRANDE DRIVE
PENSACOLA FL 32504

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3214 Cromwell Court
 City **Cantonment** **FL** Zip Code **32533**

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 *Philip D Bentz* DATE **3/23/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	NALLEY, JAMES H MD
STREET ADDRESS	1717 NE ST, SUITE 1203
CITY-ST-ZIP	PENSACOLA FL 32501-6336
TITLE	VP <input type="checkbox"/> Delete
NAME	BENTZ, PHILIP D
STREET ADDRESS	1717 N "E" ST STE 203
CITY-ST-ZIP	PENSACOLA, FL 00000 32501-6336
TITLE	ST <input type="checkbox"/> Delete
NAME	FINLEY, GAVIN W MD
STREET ADDRESS	1717 N E ST STE 203
CITY-ST-ZIP	PENSACOLA FL 32501-6336
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3214 Cromwell CT
CITY-ST-ZIP	Cantonment FL 32533
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3214 Cromwell CT
CITY-ST-ZIP	Cantonment FL 32533
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3214 Cromwell CT
CITY-ST-ZIP	Cantonment, FL 32533
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Philip D Bentz* DATE **3/23/06** (850) 471 0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #