

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F53816

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: THE ANESTHESIA GROUP, P.A.

## Current Principal Place of Business:

3214 CROMWELL CT  
CANTONMENT, FL 32533 US

## New Principal Place of Business:

2475 C EAST NINE MILE ROAD  
PENSACOLA, FL 32514 US

## Current Mailing Address:

PO BOX 30423  
PENSACOLA, FL 32503 US

## New Mailing Address:

FEI Number: 59-2166388      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BENTZ, PHILIP D  
3214 CROMWELL CT  
CANTONMENT, FL 32533 US

## Name and Address of New Registered Agent:

BENTZ, PHILIP D  
2475 C EAST NINE MILE ROAD  
PENSACOLA, FL 32514 US

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

01/17/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NALLEY, JAMES H MD  
Address: 3214 CROMWELL CT  
City-St-Zip: CANTONMENT, FL 32533

Title: VP ( ) Delete  
Name: BENTZ, PHILIP D,  
Address: 3214 CROMWELL CT  
City-St-Zip: CANTONMENT, FL 32533

Title: ST ( ) Delete  
Name: FINLEY, GAVIN W MD  
Address: 3214 CROMWELL CT  
City-St-Zip: CANTONMENT, FL 32533

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NALLEY, JAMES H MD  
Address: 2475 C EAST NINE MILE ROAD  
City-St-Zip: PENSACOLA, FL 32514

Title: VP (X) Change ( ) Addition  
Name: BENTZ, PHILIP D,  
Address: 2475 C EAST NINE MILE ROAD  
City-St-Zip: PENSACOLA, FL 32514

Title: ST (X) Change ( ) Addition  
Name: FINLEY, GAVIN W MD  
Address: 2475 C EAST NINE MILE ROAD  
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PHILIP D. BENTZ, M.D.

Electronic Signature of Signing Officer or Director

VP

01/17/2007

Date