# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 02, 2007**
**Secretary of State**

DOCUMENT# K17537

**Entity Name:** THE JOSEPH L. RILEY ANESTHESIA ASSOCIATES, P.A.

**Current Principal Place of Business:**

291 SOUTHHALL LANE
MAITLAND, FL 32751 US

**New Principal Place of Business:**

291 SOUTHHALL LANE
201
MAITLAND, FL 32751 US

**Current Mailing Address:**

291 SOUTHHALL LANE
MAITLAND, FL 32751 US

**New Mailing Address:**

291 SOUTHHALL LANE
201
MAITLAND, FL 32751 US

**FEI Number: 59-2905984** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SCHICK, DAVID L
301 EAST PINE STREET
SUITE 1400
ORLANDO, FL 32801 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: D ( ) Delete
Name: ANDREWS, THOMAS W M.D.
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: KUNICHIKA, ERIC M.D.
Address: 291 SOUTHHALL LANE., SUITE201
City-St-Zip: MAITLAND, FL 32751

Title: V ( ) Delete
Name: AZELROD, MAC M.D.
Address: 291 SOUTHHALL LANE, SUITE 201
City-St-Zip: MAITLAND, FL 32751

Title: TS ( ) Delete
Name: MANN, MICHAEL M.D.
Address: 291 SOUTHHALL LN., SUITE 201
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: OLIN, DOUGLAS A M.D.
Address: 291 SOUTHHALL LANE, SUITE 201
City-St-Zip: MAITLAND, FL 32751

Title: P ( ) Delete
Name: WILSON, G. EDWIN M.D.
Address: 291 SOUTHHALL LN., SUITE 201
City-St-Zip: MAITLAND, FL 32751

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

Title: D (X) Change ( ) Addition
Name: ARCARIO, THOMAS J M.D.
Address: 291 SOUTHHALL LANE SUITE 201
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change ( ) Addition
Name: DOBSON, CHRISTPHER E M.D.
Address: 291 SOUTHHALL LANE SUITE 201
City-St-Zip: MAITLAND, FL 32751

Title: V (X) Change ( ) Addition
Name: AXELROD, MAC M.D.
Address: 291 SOUTHHALL LANE SUITE 201
City-St-Zip: MAITLAND, FL 32751

Title: TS (X) Change ( ) Addition
Name: MANN, MICHAEL M.D.
Address: 291 SOUTHHALL LN SUITE 201
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change ( ) Addition
Name: OLIN, DOUGLAS A M.D.
Address: 291 SOUTHHALL LANE SUITE 201
City-St-Zip: MAITLAND, FL 32751

Title: P (X) Change ( ) Addition
Name: WILSON, G. EDWIN M.D.
Address: 291 SOUTHHALL LN SUITE 201
City-St-Zip: MAITLAND, FL 32751

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: G. EDWIN WILSON MD P 03/02/2007

Electronic Signature of Signing Officer or Director Date