


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90136 023 \*\*\*150.00

<b>DOCUMENT # L58127</b>					
1. Entity Name NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.					
Principal Place of Business 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 US			Mailing Address 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3012384	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AKEL, EDWARD C. 2301 INDEPENDENT SQUARE JACKSONVILLE, FL, FL 32202			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOEHLER, DAVID C		NAME	Tunstill, Stephen L.	
STREET ADDRESS	2165 HERSCHEL STREET		STREET ADDRESS	2165 Herschel Street	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, PHIL C		NAME	Donovan, Kevin L.	
STREET ADDRESS	2165 HERSCHEL STREET		STREET ADDRESS	2165 Herschel Street	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPMAN, JAMES G		NAME	Boggs, Ralph B.	
STREET ADDRESS	2165 HERSCHEL STREET		STREET ADDRESS	2165 Herschel Street	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCES, ARMANDO J		NAME	Boswell, Bruce B.	
STREET ADDRESS	2165 HERSCHEL STREET		STREET ADDRESS	2165 Herschel Street	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODBOLDT, ANTHONY O		NAME	Chen, Bai X.	
STREET ADDRESS	2165 HERSCHEL STREET		STREET ADDRESS	2165 Herschel Street	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOHA, WALTER M		NAME	Crum, Paul M. Jr.	
STREET ADDRESS	2165 HERSCHEL STREET		STREET ADDRESS	2165 Herschel Street	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32204	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		_____ Stephen L Tunstall, MD 3/16/06 904-387-4030 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

# ATTACHMENT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3012384	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AKEL, EDWARD C. 2301 INDEPENDENT SQUARE JACKSONVILLE, FL, FL 32202			Name		
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOEHLER, DAVID C 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vp Flanagan, John C. 2165 Herschel Street Jacksonville, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERRY, PHIL C 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Greene, Roger W. 2165 Herschel Street Jacksonville, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHAPMAN, JAMES G 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Harding, Katherine A. 2165 Herschel Street Jacksonville, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROCES, ARMANDO J 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kerr, James K. 2165 Herschel Street Jacksonville, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GODBOLDT, ANTHONY O 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lee, Edward M. 2165 Herschel Street Jacksonville, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOHA, WALTER M 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Moret, Jason A. 2165 Herschel Street Jacksonville, FL 32204	
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SIGNATURE: _____		Stephen L. Tunstall, MD		3/16/06 904-387-4030	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	


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03072006 Chg-P CR2E034 (11/05)

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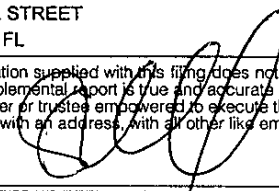
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City & State  Zip Country		City & State  Zip Country		4. FEI Number 59-3012384 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERRY, PHIL C 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Patterson, Sarah L. 2165 Herschel Street Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHAPMAN, JAMES G 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ponte, Robert A. 2165 Herschel Street Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROCES, ARMANDO J 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rosenberg, Lee D. 2165 Herschel Street Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GODBOLDT, ANTHONY O 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Scott, John D. 2165 Herschel Street Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOHA, WALTER M 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Smith, William T. 2165 Herschel Street Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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STREET ADDRESS	2165 HERSCHEL STREET		
CITY-ST-ZIP	JACKSONVILLE, FL		
TITLE	ST	<input type="checkbox"/> Delete	
NAME	PERRY, PHIL C		
STREET ADDRESS	2165 HERSCHEL STREET		
CITY-ST-ZIP	JACKSONVILLE, FL		
TITLE	VPD	<input type="checkbox"/> Delete	
NAME	CHAPMAN, JAMES G		
STREET ADDRESS	2165 HERSCHEL STREET		
CITY-ST-ZIP	JACKSONVILLE, FL		
TITLE	VPD	<input type="checkbox"/> Delete	
NAME	ROCES, ARMANDO J		
STREET ADDRESS	2165 HERSCHEL STREET		
CITY-ST-ZIP	JACKSONVILLE, FL		
TITLE	VPD	<input type="checkbox"/> Delete	
NAME	GODBOLDT, ANTHONY O		
STREET ADDRESS	2165 HERSCHEL STREET		
CITY-ST-ZIP	JACKSONVILLE, FL		
TITLE	VPD	<input type="checkbox"/> Delete	
NAME	SOHA, WALTER M		
STREET ADDRESS	2165 HERSCHEL STREET		
CITY-ST-ZIP	JACKSONVILLE, FL		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Williams, Bradley G.		
STREET ADDRESS	2165 Herschel Street		
CITY-ST-ZIP	Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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			
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<b>SIGNATURE:</b> 		Stephen L. Tunstall, MD 3/16/06 904-387-4030	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

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