


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90060 001 \*\*\*150.00

**DOCUMENT # P04000064097**

1. Entity Name  
**SLEEPY HOLLOW ANESTHESIA, INC.**



Principal Place of Business      Mailing Address

13850 LAKE MAHOGANY BLVD      13850 LAKE MAHOGANY BLVD  
 312      312  
 FORT MYERS, FL 33907      FORT MYERS, FL 33907

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

*18061 Riverchase CT.*      *18061 Riverchase CT.*

Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

*Alva, FL*      *Alva, FL*

Zip      Country      Zip      Country

*33920*           *33920*           *33920*

40000



02192007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**20-1018638**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

~~D'AUGUSTA, DENNIS~~  
~~13850 LAKE MAHOGANY BLVD~~  
~~#312~~  
~~FORT MYERS, FL 33907~~

Name

Street Address (P.O. Box Number is Not Acceptable)

*18061 Riverchase CT.*

City      State      Zip Code

*Alva*      **FL**      *33920*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AUGUSTA, DENNIS	NAME	
STREET ADDRESS	<del>13850 LAKE MAHOGANY BLVD., #312</del>	STREET ADDRESS	<i>18061 Riverchase CT.</i>
CITY-ST-ZIP	<del>FORT MYERS, FL 33907</del>	CITY-ST-ZIP	<i>Alva, FL 33920</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Dennis August*      Date: *3-1-07*      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      DAYTIME PHONE #