

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000058608	
1. Entity Name FLORIDA ANESTHESIA ASSOCIATES, P.A.	

Principal Place of Business 820 PRUDENTIAL DR. SUITE 606 JACKSONVILLE, FL 32207	Mailing Address 820 PRUDENTIAL DR. SUITE 606 JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3212793	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARTON, WILLIAM P M.D. 820 PRUDENTIAL DR. SUITE 606 JACKSONVILLE, FL 32207	DO NOT WRITE IN THIS SPACE
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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.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, WILLIAM P M.D. 820 PRUDENTIAL DR., SUITE 606 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEBEAU, EUGENE R M.D. 820 PRUDENTIAL DR., SUITE 606 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHILL, JAMES D M.D. 820 PRUDENTIAL DR., SUITE 606 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALZADA, JAIME R M.D. 820 PRUDENTIAL DR., SUITE 606 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80120-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: William P. Barton, M.D. 1/19/05 904-398-3356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

William P. Barton, M.D.