

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101241

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** METRO ANESTHESIOLOGY CONSULTANTS, P.A.

**Current Principal Place of Business:**

6001 WEBB RD  
TAMPA, FL 33615

**New Principal Place of Business:**

6001 WEBB ROAD  
TAMPA, FL 33615 US

**Current Mailing Address:**

PO BOX 320526  
TAMPA, FL 336792526

**New Mailing Address:**

6001 WEBB ROAD  
TAMPA, FL 33615 US

**FEI Number:** 59-3608944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LITTLE, MICHAEL G ESQ  
JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP  
911 CHESTNUT ST  
CLEARWATER, FL 33756 US

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

LITTLE, MICHAEL G  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 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: MICHAEL G. LITTLE

04/27/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DUNGANH L MD, UNG  
Address: PO BOX 16857  
City-St-Zip: TAMPA, FL 33687

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: DP (X) Change ( ) Addition  
Name: CHENG, KOON-LIM M.D.  
Address: 6001 WEBB ROAD  
City-St-Zip: TAMPA, FL 33615

Title: DVST ( ) Change (X) Addition  
Name: NENINGER, CELESTINO M.D.  
Address: 6001 WEBB ROAD  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CELESTINO NENINGER

DVST

04/27/2005

Electronic Signature of Signing Officer or Director

Date