-2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 08:00 AM

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DOCUMENT # P99000101241 1. Entity Name METRO ANESTHESIOLOGY CONSULTANTS, P.A.				Secre	tary of	State
Principal Place of Business Mailing Add. 6001 WEBB ROAD 6001 WEB TAMPA, FL 33615 US TAMPA, FL	B ROAD		1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B (B1) (B 1011) BB(1) BB(1) BB(1)	I S STREET RESTREE I LEGER STREET	B3888 1705888 17088
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DO NOT WRITE IN TH	HIS SPAC)	4. FEI Numbe 59-360			Applied For Not Applicable 75 Additional
					Fee f	Required
6. Name and Address of Current Registered Age LITTLE, MICHAEL G 911 CHESTNUT STREET CLEARWATER, FL 33756	ent			NOT W		
The above named entity submits this statement for the purpose of the obligations of registered agent.	changing its registered	office or register	ed agent, or bol	h, in the State of Flo	rida. I am familia	ar with, and accept
SIGNATURE Signature, typed or printed name of repretered agent and tife if applicable.	NOTE: Recustered (Agent eignsture required	when reustatings		ΩΑ)TÉ	
FILE NOWILL FEE 18 \$150.00 9. Ele	ection Campaign Financist Fund Contribution.	ing _ \$5.	00 May Be			
10. OFFICERS AND DIRECTORS						· · · · · · · · · · · · · · · · · · ·
TITLE DP MAME CHENG, KOON-LIM M.D. STREET ADDRESS 6001 WEBB ROAD DTY-57-ZP TAMPA, FL 33615						
INTLE DVST NAME NENINGER, CELESTINO M.D. STREET AUDRESS 6001 WEBB ROAD CITY-ST-ZP TAMPA, FL 33615	-			ΩΩΩΩΓΕΝ - ∂Ω₽Ω₽ Ω	474651 80032-02	3 150.00
TITLE NAME SYMEET ADDRESS GITY-ST- 2P			DO	NOT W	RITE	
TITLE KAME STREET ADDRESS CITY-ST-ZP				THIS SF		• • • • • • • • • • • • • • • • • • • •
TITLE HAME STREET ADDRESS CSTY-SI-ZIP						
NTLE NAME STREET ADDRESS CNY-ST-TP						

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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