

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90086 013 ***150.00

DOCUMENT # P99000101241

1. Entity Name
METRO ANESTHESIOLOGY CONSULTANTS, P.A.



Principal Place of Business Mailing Address
6001 WEBB ROAD 6001 WEBB ROAD
TAMPA, FL 33615 US TAMPA, FL 33615 US

40046864



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03302007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
59-3608944 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
LITTLE, MICHAEL G ESQ.
911 CHESTNUT STREET
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHENG, KOON-LIM M.D. 6001 WEBB ROAD TAMPA, FL 33615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NENINGER, CELESTINO M.D. 6001 WEBB ROAD TAMPA, FL 33615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: **3/30/07** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR