

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90025 045 ***150.00

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1. Entity Name

**MID FLORIDA CARDIOVASCULAR ANESTHESIA
ASSOCIATES, P.A.**



Principal Place of Business

1511 S.W. 1ST AVE.
OCALA FL 34474

Mailing Address

1511 S.W. 1ST AVE.
OCALA FL 34474

2. Principal Place of Business

3. Mailing Address

P O Drawer 3130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala FL

Zip

Country

Zip

Country

34478

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTIE, PAUL G M.D.
1511 S.W. 1ST AVE.
OCALA FL 34474

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	D	<input type="checkbox"/> Delete
NAME	ROBERTIE, PAUL G M.D.	
STREET ADDRESS	1511 S.W. 1ST AVE.	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMIRE, VINCENT M.D.	
STREET ADDRESS	1511 S.W. 1ST AVE.	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SULLIVAN, DANIEL B	
STREET ADDRESS	1511 SW 1ST AVE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, LAWRENCE R	
STREET ADDRESS	1511 SW 1ST AVE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHURLKNIGHT, STEPHEN	
STREET ADDRESS	1511 SW 1ST AVE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robertie	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Palmire	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schurlknicht	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mikowski, S Michael	
STREET ADDRESS	1511 SW 1st Avenue	
CITY-ST-ZIP	Ocala, FL 34474	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Paul G Robertie

2/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-867-8311