


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90315 015 ***150.00

DOCUMENT # 555239					
1. Entity Name ANESTHESIA & PAIN CONSULTANTS OF SOUTHWEST FLORIDA, M.D., P.A.					
Principal Place of Business 3949 EVANS AVENUE SUITE 102 SUITE 102 FORT MYERS, FL 33901		Mailing Address 3949 EVANS AVENUE SUITE 102 SUITE 102 FORT MYERS, FL 33901			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1783920	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITESMAN, GUY E 1715 MONROE STREET FORT MYERS, FL 33901			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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHUCANAGE, BERNARD		NAME	SHUCAVAGE	
STREET ADDRESS	3949 EVANS AVENUE, SUITE 102		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANALILI, SIMEON		NAME	PALMON, SALLY	
STREET ADDRESS	3949 EVANS AVENUE SUITE 102		STREET ADDRESS	3949 EVANS AVE STE 102	
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMOLKA, CHARLES		NAME		
STREET ADDRESS	3949 EVANS AVENUE SUITE 102		STREET ADDRESS		
CITY-ST-ZIP	FORT-MYERS; FL 33901		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, ROBERT		NAME		
STREET ADDRESS	3949 EVANS AVENUE SUITE 102		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOTRA, JOSEPH		NAME		
STREET ADDRESS	3949 EVANS AVENUE SUITE 102		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISBEE, CHARLES A		NAME		
STREET ADDRESS	3949 EVANS AVENUE SUITE 102		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: _____		4-21-05		239-939-2622	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50044136



0112005 Chg-P CR2E034 (10/03)