


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90002 019 ***150.00

DOCUMENT # P98000098128 1. Entity Name MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES, P.A.					
Principal Place of Business 1511 S.W. 1ST AVE. OCALA, FL 34474			Mailing Address PO DRAWER 3130 OCALA, FL 34478		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3543180	
				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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	ST		<input type="checkbox"/> Delete		
NAME	ROBERTIE, PAUL G M.D.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1511 S.W. 1ST AVE.				
CITY-ST-ZIP	OCALA, FL 34474				
TITLE	P		<input type="checkbox"/> Delete		
NAME	PALMIRE, VINCENT M.D.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1511 S.W. 1ST AVE.				
CITY-ST-ZIP	OCALA, FL 34474				
TITLE	V		<input type="checkbox"/> Delete		
NAME	SULLIVAN, DANIEL B		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1511 SW 1ST AVE				
CITY-ST-ZIP	OCALA, FL 34474				
TITLE	V		<input type="checkbox"/> Delete		
NAME	HARRISON, LAWRENCE R		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1511 SW 1ST AVE				
CITY-ST-ZIP	OCALA, FL 34474				
TITLE	V		<input type="checkbox"/> Delete		
NAME	SCHURLKNIGHT, STEPHEN		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1511 SW 1ST AVE				
CITY-ST-ZIP	OCALA, FL 34474				
TITLE	D		<input type="checkbox"/> Delete		
NAME	MIKOWSKI, S. MICHAEL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: _____			02/15/06 352-867-8311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



01102006 Chg-P CR2E034 (11/05)

*SEE attached
list*

ATTACHMENT

40017334

DOCUMENT # P98000098128

MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES, P.A.

OFFICERS & DIRECTORS

(ST) ROBERTIE, Paul G.
1511 SW 1st Avenue
Ocala, FL 34474

(V) MIKOWSKI, S. Michael
1511 SW 1st Avenue
Ocala, FL 34474

(P) PALMIRE, Vincent C.
1511 SW 1st Avenue
Ocala, FL 34474

(V) DEPUTAT, Mikhail
1511 SW 1st Avenue
Ocala, FL 34474

(V) SULLIVAN, Daniel B.
1511 SW 1st Avenue
Ocala, FL 34474

(V) HARRISON, Lawrence R.
1511 SW 1st Avenue
Ocala, FL 34474

(V) SCHURLKNIGHT, Stephen
1511 SW 1st Avenue
Ocala, FL 34474