

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 555239

FILED
Apr 17, 2006
Secretary of State

Entity Name: ANESTHESIA & PAIN CONSULTANTS OF SOUTHWEST FLORIDA, M.D., P.A.

Current Principal Place of Business:

3949 EVANS AVENUE SUITE 102
SUITE 102
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3949 EVANS AVENUE SUITE 102
SUITE 102
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 59-1783920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SHUCAVAGE, BERNARD
Address: 3949 EVANS AVE, SUITE 102
City-St-Zip: FORT MYERS, FL 33901

Title: PD () Delete
Name: MANALILI, SIMEON
Address: 3949 EVANS AVENUE SUITE 102
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: HOMOLKA, CHARLES
Address: 3949 EVANS AVENUE SUITE 102
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: TURNER, ROBERT
Address: 3949 EVANS AVENUE SUITE 102
City-St-Zip: FORT MYERS, FL 33901

Title: SD () Delete
Name: NICOTRA, JOSEPH
Address: 3949 EVANS AVENUE SUITE 102
City-St-Zip: FORT MYERS, FL 33901

Title: VP () Delete
Name: BISBEE, CHARLES A
Address: 3949 EVANS AVENUE SUITE 102
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES BISBEE, M.D.

VP

04/17/2006

Electronic Signature of Signing Officer or Director

_____ Date