


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State


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
--	--

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

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

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

DO NOT WRITE IN THIS SPACE

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, 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	T SHUCAVAGE, BERNARD 3949 EVANS AVE, SUITE 102 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANALILI, SIMEON 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOMOLKA, CHARLES 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, ROBERT 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICOTRA, JOSEPH 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BISBEE, CHARLES A 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

000000703020
 04/20/07-80123-016 150.00

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: *Simeon Manalili, M.D.* **SIMEON MANALILI, M.D.** **4-12-07** **239-939-0622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone