


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90460 046 \*\*\*150.00

<b>DOCUMENT # P98000098128</b>					
<b>1. Entity Name</b> <b>MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES, P.A.</b>					
<b>Principal Place of Business</b> 1511 S.W. 1ST AVE. OCALA, FL 34474			<b>Mailing Address</b> PO DRAWER 3130 OCALA, FL 34478		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> <b>59-3543180</b>	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>ROBERTIE, PAUL G M.D.</b> <b>1511 S.W. 1ST AVE.</b> <b>OCALA, FL 34474</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTIE, PAUL G M.D. 1511 S.W. 1ST AVE. OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMIRE, VINCENT M.D. 1511 S.W. 1ST AVE. OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, DANIEL B 1511 SW 1ST AVE OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRISON, LAWRENCE R 1511 SW 1ST AVE OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHURLKNIGHT, STEPHEN 1511 SW 1ST AVE OCALA, FL 34474	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKOWSKI, S. MICHAEL 1511 SW 1ST AVENUE OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Deputat, MIKHAIL 1511 SW 1st Avenue Ocala FL 34474				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Elhaushy, Abdel H. 1511 SW 1st Avenue Ocala FL 34474				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Vincent C Palmire Jr.</u> <span style="float: right;">04-26-2007 352-867-8311</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					