

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90109 025 ***150.00



DOCUMENT # 555239
 1. Entity Name
ANESTHESIA & PAIN CONSULTANTS OF SOUTHWEST FLORIDA, M.D., P.A.

Principal Place of Business Mailing Address
3949 EVANS AVENUE SUITE 102 **3949 EVANS AVENUE SUITE 102**
SUITE 102 **SUITE 102**
FORT MYERS, FL 33901 **FORT MYERS, FL 33901**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04172008 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
59-1783920 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

T SHUCAVAGE, BERNARD 3949 EVANS AVE, SUITE 102 FORT MYERS, FL 33901	<input type="checkbox"/> Delete
PD MANALILI, SIMEON 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901	<input type="checkbox"/> Delete
D HOMOLKA, CHARLES 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901	<input type="checkbox"/> Delete
D TURNER, ROBERT 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901	<input type="checkbox"/> Delete
SD NICOTRA, JOSEPH 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901	<input type="checkbox"/> Delete
VP BISBEE, CHARLES A 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Director PALMON, SALLY 3949 EVANS AVE Ft. Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **4-22-08** **239-939-2622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #