

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 555239

FILED  
Apr 20, 2010  
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: VP  
Name: SHUCAVAGE, BERNARD  
Address: 3949 EVANS AVE, SUITE 102  
City-St-Zip: FORT MYERS, FL 33901

Title: D  
Name: MANALILI, SIMEON P  
Address: 3949 EVANS AVENUE SUITE 102  
City-St-Zip: FORT MYERS, FL 33901

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES A. BISBEE

DR.

04/20/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date