

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 555239

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

**FILED**  
**Mar 06, 2018**  
**Secretary of State**  
**CC6939653664**

**Current Principal Place of Business:**

12511 WORLD PLAZA LANE BLDG #50  
FORT MYERS, FL 33097

**Current Mailing Address:**

12511 WORLD PLAZA LANE BLDG #50  
FORT MYERS, FL 33097

**FEI Number: 59-1783920**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HF REGISTERED AGENTS, LLC  
1715 MONROE STREET  
FORT MYERS, FL 33901 US

*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:** ERIN E. HOUCK-TOLL, VICE-PRESIDENT

03/06/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DVP  
Name SHUCAVAGE, BERNARD DR.  
Address 12511 WORLD PLAZA LANE BLDG #50  
City-State-Zip: FORT MYERS FL 33097

Title DT  
Name HOMOLKA, CHARLES DR.  
Address 12511 WORLD PLAZA LANE BLDG #50  
City-State-Zip: FORT MYERS FL 33097

Title DS  
Name TURNER, ROBERT DR.  
Address 12511 WORLD PLAZA LANE BLDG #50  
City-State-Zip: FORT MYERS FL 33097

Title D  
Name NICOTRA, JOSEPH DR.  
Address 12511 WORLD PLAZA LANE BLDG #50  
City-State-Zip: FORT MYERS FL 33097

Title DP  
Name BISBEE, CHARLES A DR.  
Address 12511 WORLD PLAZA LANE BLDG #50  
City-State-Zip: FORT MYERS FL 33097

Title D  
Name PALMON, SALLY C DR  
Address 12511 WORLD PLAZA LANE BLDG #50  
City-State-Zip: FORT MYERS FL 33097

Title D  
Name KNICKREHM, JON DR  
Address 12511 WORLD PLAZA LANE BLDG #50  
City-State-Zip: FORT MYERS FL 33097

*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:** DR. CHARLES A BISBEE

**PRESIDENT**

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date