

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 555239

FILED
Jan 13, 2014
Secretary of State
CC0462026377

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

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

01/13/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title D
Name MANALILI, SIMEON P
Address 12511 WORLD PLAZA LANE BLDG #50
City-State-Zip: FORT MYERS FL 33097

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

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

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

Title PD
Name BISBEE, CHARLES A
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: CHARLES A. BISBEE

PRESIDENT

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date