

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 555239

**Entity Name:** ANESTHESIA & PAIN CONSULTANTS OF SOUTHWEST  
FLORIDA, M.D., P.A.**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC9400045323****Current Principal Place of Business:**3949 EVANS AVENUE SUITE 102  
SUITE 102  
FORT MYERS, FL 33901**Current Mailing Address:**3949 EVANS AVENUE SUITE 102  
SUITE 102  
FORT MYERS, FL 33901**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****01/22/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	SHUCAVAGE, BERNARD
Address	3949 EVANS AVE, SUITE 102
City-State-Zip:	FORT MYERS FL 33901
Title	T
Name	HOMOLKA, CHARLES
Address	3949 EVANS AVENUE SUITE 102
City-State-Zip:	FORT MYERS FL 33901
Title	D
Name	NICOTRA, JOSEPH
Address	3949 EVANS AVENUE SUITE 102
City-State-Zip:	FORT MYERS FL 33901

Title	D
Name	MANALILI, SIMEON P
Address	3949 EVANS AVENUE SUITE 102
City-State-Zip:	FORT MYERS FL 33901
Title	SD
Name	TURNER, ROBERT
Address	3949 EVANS AVENUE SUITE 102
City-State-Zip:	FORT MYERS FL 33901
Title	PD
Name	BISBEE, CHARLES A
Address	3949 EVANS AVENUE SUITE 102
City-State-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****PRESIDENT****01/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date