


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 460151</b>	
1. Entity Name <b>PROFESSIONAL ANESTHESIA ASSOCIATES OF VENICE, P.A.</b>	

Principal Place of Business <b>530 SOUTH NOKOMIS AVENUE, #16 VENICE FL 34285</b>	Mailing Address <b>530 SOUTH NOKOMIS AVENUE, #16 VENICE FL 34285</b>
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2. Principal Place of Business <b>600 SOUTH NOKOMIS AVE</b>	3. Mailing Address <b>600 SOUTH NOKOMIS AVE</b>
Suite, Apt. #, etc. <b>SUITE 200</b>	Suite, Apt. #, etc. <b>SUITE 200</b>

City & State <b>VENICE FL 34285</b>	City & State <b>VENICE FL 34285</b>
Zip <b>34285</b>	Zip <b>34285</b>
Country	Country



MOORE CR2E034 (11/03)

4. FEI Number <b>59-1547161</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>D'AMICO, JOSEPH 714 LAGUNA DR VENICE FL 34285</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DIENES, ROBERT S. JR. 418 CEZANNE DRIVE OSPREY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD D'AMICO, JOSEPH 714 LAGUNA DRIVE VENICE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PLESCIA, CHRISTOPHER F 4087 PELICAN SHORES CIRCLE E ENGLEWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GLOVER, ALAN M 8266 CYPRESS HOLLOW ROAD SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ABELLO, DAVID 7426 MYRICA DR SARASOTA FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Joseph D'Amico Joseph D'Amico 1/29/04 941-485-0295