
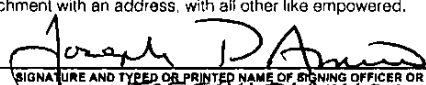


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 460151		
1. Entity Name PROFESSIONAL ANESTHESIA ASSOCIATES OF VENICE, P.A.		
Principal Place of Business 600 SOUTH NOKOMIS AVENUE SUITE 200 VENICE, FL 34285		Mailing Address 600 SOUTH NOKOMIS AVENUE SUITE 200 VENICE, FL 34285
DO NOT WRITE IN THIS SPACE		
		03282007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-1547161		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
D'AMICO, JOSEPH 714 LAGUNA DR VENICE, FL 34285		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIENES, ROBERT S. JR. 418 CEZANNE DRIVE OSPREY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'AMICO, JOSEPH 714 LAGUNA DRIVE VENICE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLOVER, ALAN M 3688 BENEVA OAKS BLVD SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABELLO, DAVID 7426 MYRICA DR SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JOSEPH D'AMICO		3/30/07 941-485-0295 <small>Date Daytime Phone</small>