

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 460151

FILED
Feb 27, 2009
Secretary of State

Entity Name: PROFESSIONAL ANESTHESIA ASSOCIATES OF VENICE, P.A.

Current Principal Place of Business:

600 SOUTH NOKOMIS AVENUE
SUITE 200
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

600 SOUTH NOKOMIS AVENUE
SUITE 200
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-1547161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'AMICO, JOSEPH
714 LAGUNA DR
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DIENES, ROBERT S. JR, .
Address: 418 CEZANNE DRIVE
City-St-Zip: OSPREY, FL

Title: PD () Delete
Name: D'AMICO, JOSEPH,
Address: 714 LAGUNA DRIVE
City-St-Zip: VENICE, FL

Title: TD () Delete
Name: GLOVER, ALAN M
Address: 3070 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: SD () Delete
Name: ABELLO, DAVID
Address: 7426 MYRICA DR
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH D'AMICO

PD

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date