
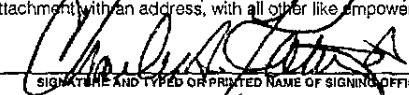


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 466979		
1. Entity Name ANESTHESIA ASSOCIATES OF PINELLAS COUNTY, P.A.		
Principal Place of Business 300 JEFFORDS ST. STE B CLEARWATER, FL 33756 US		Mailing Address 300 JEFFORDS ST. STE B CLEARWATER, FL 33756 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KOTTMEIER, CHARLES A. 300 JEFFORDS ST. STE B CLEARWATER, FL 34616		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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)</small> DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	ST ANDREW, RACKSTEIN D 300 JEFFORDS ST. STE B CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KOTTMEIER, CHARLES A 300 JEFFORDS ST. STE B CLEARWATER, FL 33756	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 7-1-05 <small>Day/Time Phone #</small>