· 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #466979

FILED May 08, 2006 8:00 am Secretary of State

05-08-2006 90293 035 ***150.00

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							
2. Principal Place of Business			3. Mailing Address			4			i i i	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242006	Chg-P	CR2E	034 (11/05)
City & Sta	te		City & State			4. FEI Numb			·	Applied For
Zip	Country		Zip	Country			of Status Desired	, 0	\$8.75 Ac	ditional
	6. Name and Add	iress of Current I	Registered Agent			7. Name and	Address of Nev	v Registered	Agent	
KOTTMEIER, CHARLES A. 300 JEFFORDS ST. Street Address (P.O. Box Number is Not Acceptable) 300 Jeffords St. Ste B										
300 JEFFORDS ST. STE B CLEARWATER, FL 34616				300	o set	fords S	t. Ste	B		
				City	Clea	rwate	·v	FI	Zip Co	°33756
8. The above the obligation	e named entity submits tions of registered age	this statement for	the purpose of changing its	s registered office	or registere	ed agent, or bo	th, in the State of	Florida. I am	n familiar with	, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO O	FEICERS AN	D DIRECTOR	RS IN 11
TITLE NAME	ST ANDREW, RACKS	STEIN D	Delete	TITLE NAME STREET ADORES	\$ 500 <u>1</u>	# Man			Change	Addition
STREET ADDRESS CITY-ST-ZIP	300 JEFFORDS S CLEARWATER, F			CITY-ST-ZIP			FL 3375			
TITLE NAME STREET ADDRESS	P KOTTMEIER, CHA 300 JEFFORDS S		Delete	TITLE NAME STREET ADDRES	Paul \$ 300	Borrel Jettoro	is st, Ste	B	Change	☐ Addition
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CITY-ST-ZIP TITLE			☐ Delete	CITY-ST-ZIP TITLE	IV.		FL 3375	0	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	> Co 300:	nway T Setfords	Dalmey St. Ste B	,	Change	Addition
12. I hereby of indicated of the corp	on this report or suppli poration or the receive	emental report is t r or trustee empov	his filing does not qualify for rue and accurate and that r vered to execute this report th all other like empowered	my signature sha! ∶as required by C	I nave ine sa	ame legal ettec	r as ir made unde	roain: inai i	am an ouicei	or director i
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Deta Destroy Prone a										

2006 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

		ANNUA	L REPORT							
DOCU		# 466979								
ANESTHESIA ASSOCIATES OF PINELLAS COUNTY, P.A.										
Principal Pla	ce of Business		Mailing Address				11 0	^ ^		
300 JEFFORDS ST.			300 JEFFORDS ST.		<i> </i>	400 X	769	\sim		
STE B Clearwater, FL 33756 US			STE B Clearwater, Fl 33756 US				1 - 0	141		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242006	Chg-P	CR2E034 (11/05)	
City & State			City & State			4. FEI Numbe 59-159		├	Applied For Not Applicable	
Zip		Country	Zip	Cour	ntry	L	of Status Desired	S8.75 Ac Fee Requir		
	6. Name a	nd Address of Curren	Registered Agent		Name C	7. Name and	Address of New Re	gistered Agent		
KOTTMEI	ER, CHARL	ES A.			148/116	COTT 1	Harren			
300 JEFF	ORDS ST.				Street Address (I	P.O. Box Numbe	r is Not Acceptable)	•		
STE B CLEARWATER, FL 34616					300 Jeffords St. Ste B					
•					City Cled	J DOCH	r	FL ZipCo	5 ⁶ 7570	
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.										
JIGINATORE.		printed name of registered agen	and tide if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)		DATE		
			9. Election Campa	ion Finar	ocina \$5	00 May Be				
FIL After M	.E NOW!!! F ay 1, 2006	EE IS \$150.00 Fee will be \$550.		_		ed to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS (HANGES TO OFFIC	CERS AND DIRECTOR	IS IN 11	
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CITY-ST-ZIP	P	TER, FL 33756	—————	-	4,00	nwater,	10 20/3K) Shange	☐ Addition	
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CITY-ST-ZIP					ST-ZIP Clea	ourster.	FL 335/52	,		
TITLE			☐ Delete	TITLE	V	<u> </u>		Change	∠ Addition	
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NAME			_ 55,56	NAME	Alar	, Kudd(\mathcal{S}		,~	
STREET ADORESS					T ADDRESS	Dettpro	5 St. St. 1	5		
CITY-ST-ZIP			this filing does not qualify to		ST-ZIP CAPTAINED	in Chapter 110	Florida Statutos 15	uther certify that the i	nformation	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytone Phone #										