

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90020 025 ***150.00

DOCUMENT # 532598

1. Entity Name
WEST FLORIDA ANESTHESIA CONSULTANTS, P.A.



Principal Place of Business
**2010 - 59TH ST. WEST
SUITE 5600
BRADENTON, FL 34209**

Mailing Address
**2010 - 59TH ST. WEST
SUITE 5600
BRADENTON, FL 34209**

40013...



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1726851

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEFREITAS, EDWARD A
2010 - 59TH ST. WEST
SUITE 5600
BRADENTON, FL 34209**

Name **OLSON, Suzanne M**

Street Address (P.O. Box Number is Not Acceptable)

2010 59th ST W Suite 5600

City **Bradenton**

FL

Zip Code **34209**

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

Suzanne Olson **Suzanne Olson President West Florida Anesthesia Consultants, PA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/

TITLE **V** ☐ Delete
NAME **DAROLD, PETER E**
STREET ADDRESS **2010 59TH ST W SUITE 5600**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **V** ☐ Delete
NAME **HUCKABY, TIMOTHY**
STREET ADDRESS **2010 29TH STREET WEST SUITE 5600**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **P** ☐ Delete
NAME **DEFREITAS, EDWARD A**
STREET ADDRESS **2010 29TH STREET WEST SUITE 5600**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **T** ☐ Delete
NAME **OLSON, SUZANNE M**
STREET ADDRESS **2010 59TH STREET WEST SUITE 5600**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **V** ☐ Delete
NAME **FLECK, MELISSA J**
STREET ADDRESS **2010 29TH STREET WEST SUITE 5600**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **S** ☒ Delete
NAME **MALLARI, IRENEA C**
STREET ADDRESS **2010 59TH ST W SUITE 5600**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **V** ☐ Change ☒ Addition
NAME **Rauvin, Mikhail**
STREET ADDRESS **2010 59th ST W, Suite 5600**
CITY-ST-ZIP **Bradenton, FL 34209**

TITLE **V** ☐ Change ☐ Addition
NAME **Koselak, Dennis**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☐ Addition
NAME **DeFreitas, Edward**
STREET ADDRESS **2010 59th ST W Suite 5600**
CITY-ST-ZIP **Bradenton, FL 34209**

TITLE **President** ☒ Change ☐ Addition
NAME **Olson, Suzanne M**
STREET ADDRESS **2010 59th ST W # 5600**
CITY-ST-ZIP **Bradenton, FL 34209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Suzanne Olson **Suzanne Olson President West Florida Anesthesia (941) 798-3524**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/25/08**

Daytime Phone #