

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 532598

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



FILED

08 Feb 18 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1726851

Applied For

Not Applicable

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

OLSON, SUZANNE M
2010 59TH SUITE 5600
BRADENTON, FL 34209

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 ☐ Change ☒ Addition
NAME Koselak, Dennis 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 S ☒ Change ☐ Addition
NAME Huckaby, Timothy
STREET ADDRESS 2010 59th ST W 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 V ☒ Change ☐ Addition
NAME De Freitas, Edward
STREET ADDRESS 2010 59th ST W
CITY-ST-ZIP Bradenton, FL 34209

TITLE P ☐ Delete
NAME OLSON, SUZANNE M
STREET ADDRESS 2010 59TH ST W #5600
CITY-ST-ZIP BRADENTON, FL 34209

TITLE ☐ Change ☒ Addition
NAME Mallari, Irene
STREET ADDRESS 2010 59th ST W 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 T ☒ Change ☐ Addition
NAME Fleck, Melissa J
STREET ADDRESS 2010 59th ST W Suite 5600
CITY-ST-ZIP Bradenton, FL 34209

TITLE V ☐ Delete
NAME RAVVIN, MIKHAIL
STREET ADDRESS 2010 59TH ST W SUITE 5600
CITY-ST-ZIP BRADENTON, FL 34209

TITLE ☐ Change ☐ Addition
NAME 800119104138
STREET ADDRESS 02/29/08--01009--006 **\$61.25
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:

Edward A. Defreitas 14 Feb 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #