## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 555239 ,

1. Entity Name

ANESTHESIA & PAIN CONSULTANTS OF SOUTHWEST FLORIDA, M.D., P.A.



Principal Place of Business

3949 EVANS AVENUE SUITE 102

SUITE 102

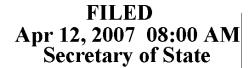
FORT MYERS, FL 33901

Mailing Address

3949 EVANS AVENUE SUITE 102

**SUITE 102** 

FORT MYERS, FL 33901





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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1783920

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITESMAN, GUY E 1715 MONROE STREET FORT MYERS, FL 33901

## DO NOT WRITE IN THIS SPACE

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)

П

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUCAVAGE, BERNARD 3949 EVANS AVE, SUITE 102 FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANALILI, SIMEON 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOMOLKA, CHARLES 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, ROBERT 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICOTRA, JOSEPH 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BISBEE, CHARLES A 3949 EVANS AVENUE SUITE 102 FORT MYERS, FL 33901 certify that the information supplied with this filing does not qualify for the ex-				

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DO NOT WRITE IN THIS SPACE

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** 

ATURE AND TYPED OR PRINTED A ME OF BIGNING OFFICER OR DIR

MANGLILL KD 4-

D4-12.07 239-939