


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 600144 1. Entity Name ANESTHESIA PROFESSIONAL ASSOCIATION, INC.	
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Principal Place of Business 515 EAST LAS OLAS BOULEVARD FIFTEENTH FLOOR FORT LAUDERDALE, FL 33301-2281 US	Mailing Address 515 EAST LAS OLAS BOULEVARD FIFTEENTH FLOOR FORT LAUDERDALE, FL 33301-2281 US
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0970932	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCNERNEY, MICHAEL BRINKLEY, MCNERNEY, MORGAN, SOLOMON 200 E LAS OLAS, STE 1900 FT. LAUDERDALE, FL 33301

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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: ZACHARY MENEGAKIS TREASURER DATE: 1/31/05
Signature, typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IANNUCCILLO, BRETT 5300 NW 33 AVE 204 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOLAN, GERARD MD 5300 NW 33 AVE 204 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, RAMON MD 5300 NW 33 AVE 204 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENEGAKIS, ZACHARY 200 E LAS OLAS BLVD SUITE 1800 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARI, ALFREDO 5300 NW 33 AVE 204 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENWICK, MARTIN MD 5300 NW 33 AVE 204 FT LAUDERDALE, FL 33309

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02/02/05-80083-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ZACHARY MENEGAKIS, TREASURER DATE: 1/31/05 DAYTIME PHONE: 561-213-7519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR