

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600845

FILED
Mar 09, 2011
Secretary of State

Entity Name: MEDICAL ANESTHESIA AND PAIN MANAGEMENT CONSULTANTS, P.A.

Current Principal Place of Business:

4048 EVANS AVE
STE 303
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1180
FORT MYERS, FL 339021180 US

New Mailing Address:

FEI Number: 59-1232156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHICK, DAVID L
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SCHICK, DAVID L
200 SOUTH ORANGE AVE.
SUITE 2300
ORLANDO, FL 32801 US

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.

SIGNATURE:

03/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DAS
Name: GAAR, DAVID G
Address: 4048 EVANS AVENUE STE 303
City-St-Zip: FORT MYERS, FL 33901

Title: DAS
Name: GEZZAR, WILLIAM
Address: 4048 EVANS AVENUE STE 303
City-St-Zip: FORT MYERS, FL 33901

Title: DAS
Name: WILLIAMSON, DONALD C
Address: 4048 EVANS AVENUE STE 303
City-St-Zip: FT MYERS, FL 33901

Title: DS
Name: FEVRIER, RITCHIE A
Address: 4048 EVANS AVENUE STE 303
City-St-Zip: FORT MYERS, FL 33901

Title: DP
Name: GREGG, RALPH
Address: 4048 EVANS AVE SUITE 303
City-St-Zip: FORT MYERS, FL 33901

Title: DT
Name: DUNN, JOHN S
Address: 4048 EVANS AVE SUITE 303
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RALPH GREGG, M.D.

PRES

03/09/2011

Electronic Signature of Signing Officer or Director

Date

600845
3-9-11

Attached and made a part of Page 1: 2011 For Profit Corporation Annual Report

**Medical Anesthesia and Pain Management Consultants, P.A.
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11.	Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Name	Diego P. Andrade		
	Street Address	4048 Evans Avenue, Suite 303		
	City-St-ZIP	Fort Meyers, FL 33901		
	Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Name	Charles S. Brown		
	Street Address	4048 Evans Avenue, Suite 303		
	City-St-ZIP	Fort Myers, FL 33901		
	Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Name	Joseph M. Bryan		
	Street Address	4048 Evans Avenue, Suite 303		
	City-St-ZIP	Fort Myers, FL 33901		
	Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Name	Carlos L. Chavez		
	Street Address	4048 Evans Avenue, Suite 303		
	City-St-ZIP	Fort Myers, FL 33901		
	Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Name	Janet E. Clark		
	Street Address	4048 Evans Avenue, Suite 303		
	City-St-ZIP	Fort Myers, FL 33901		
	Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Name	Jeffrey E. Colon		
	Street Address	4048 Evans Avenue, Suite 303		
	City-St-ZIP	Fort Myers, FL 33901		
	Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Name	Juan A. Damiani		
	Street Address	4048 Evans Avenue, Suite 303		
	City-St-ZIP	Fort Myers, FL 33901		
	Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Name	Chakrapani D. Gupta		
	Street Address	4048 Evans Avenue, Suite 303		
	City-St-ZIP	Fort Myers, FL 33901		

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Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Amber L. Jandik		
Street Address	4048 Evans Avenue, Suite 303		
City-St-ZIP	Fort Myers, FL 33901		

Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Daniel J. Krauss		
Street Address	4048 Evans Avenue, Suite 303		
City-St-ZIP	Fort Myers, FL 33901		

Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Jennifer J. Leaf		
Street Address	4048 Evans Avenue, Suite 303		
City-St-ZIP	Fort Myers, FL 33901		

Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Glen A. Luehrman		
Street Address	4048 Evans Avenue, Suite 303		
City-St-ZIP	Fort Myers, FL 33901		

Title	D/AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Marc A. Michelsen, D.O.		
Street Address	4048 Evans Avenue, Suite 303		
City-St-ZIP	Fort Myers, FL 33901		

Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Kurt W. Markgraf		
Street Address	4048 Evans Avenue, Suite 303		
City-St-ZIP	Fort Myers, FL 33901		

Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Steven M. Ritrosky		
Street Address	4048 Evans Avenue, Suite 303		
City-St-ZIP	Fort Myers, FL 33901		

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Title	D/AS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Michal Szlabowicz, M.D.		
Street Address	4048 Evans Avenue, Suite 303		
City-St-ZIP	Fort Myers, FL 33901		

Title	D/AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Brian J. West, M.D.		
Street Address	4048 Evans Avenue, Suite 303		
City-St-ZIP	Fort Myers, FL 33901		