

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90071 008 \*\*\*150.00

**DOCUMENT # 601023**

1. Entity Name  
ANESTHESIOLOGY ASSOCIATES OF THE PALM  
BEACHES, P.A.



Principal Place of Business

1411 N FLAGLER DR  
SUITE 4000  
WEST PALM BEACH, FL 33401 US

Mailing Address

1411 N FLAGLER DR  
SUITE 4000  
WEST PALM BEACH, FL 33401 US

**40009681**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1262212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SINGER, MICHAEL S ESQ  
3401 PGA BLVD  
SUITE 604  
PALM BEACH GARDENS, FL 33410

**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)

DATE

**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	PD
NAME	ROLLINS, HOWARD C
STREET ADDRESS	12901 BRYNWOOD
CITY-ST-ZIP	PALM BEACH GDNS, FL
TITLE	TD
NAME	AMADO, JEFFREY A
STREET ADDRESS	18 CAYMAN PLACE
CITY-ST-ZIP	PALM BCH GARDENS, FL
TITLE	SD
NAME	RODMAN, RICHARD
STREET ADDRESS	233 LA PUERTA WAY
CITY-ST-ZIP	PALM BEACH, FL
TITLE	VPD
NAME	WEIDENBAUM, WAYNE S
STREET ADDRESS	1 DUNBAR RD
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418
TITLE	VPD
NAME	UNTRACHT, MITCHEL S
STREET ADDRESS	5723 HIGH FLYER RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33418
TITLE	VPD
NAME	DUNCAN, ROGER L
STREET ADDRESS	204 SEAGULL PT
CITY-ST-ZIP	JUPITER, FL 33458

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/05 561-833-0882