2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90301 019 ***150.00

DOCUMENT # 601793

1. Entity Name

ANESTHESIA ASSOCIATES, M.D., P.A.

44033136

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
567 Avenue K, S.E.	567 Avenue K, S.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, Florida	City & State: Winter Haven, Florida
Zip: 33880 Country: ~~Polk~~ USA	Zip: 33880 Country: ~~Polk~~ USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1278346 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alan L. Lingenfelter

Street Address (P.O. Box Number is Not Acceptable): 567 Avenue K, S.E.

City: Winter Haven FL Zip Code: 33880

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: Alan L. Lingenfelter
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Alan L. Lingenfelter, M.D.
STREET ADDRESS	567 Avenue K, S.E.
CITY-ST-ZIP	Winter Haven, Fl. 33880
TITLE	SD
NAME	Domenic V. Ottaiano, M.D.
STREET ADDRESS	567 Avenue K, S.E.
CITY-ST-ZIP	Winter Haven, Fl. 33880
TITLE	VD
NAME	William P. Myers, M.D.
STREET ADDRESS	567 Avenue K, S.E.
CITY-ST-ZIP	Winter Haven, Fl. 33880
TITLE	VD
NAME	Michael J. Simon, M.D.
STREET ADDRESS	567 Avenue K, S.E.
CITY-ST-ZIP	Winter Haven, Fl. 33880
TITLE	VD
NAME	Jerry B. Drum, Jr., M.D.
STREET ADDRESS	567 Avenue K, S.E.
CITY-ST-ZIP	Winter Haven, Fl. 33880
TITLE	VD
NAME	Donald R. Nettlow, Jr., M.D.
STREET ADDRESS	567 Avenue K, S.E.
CITY-ST-ZIP	Winter Haven, Fl. 33880

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DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alan L. Lingenfelter ALAN LINGENFELTER 4/20/04 863 299 5425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

44039132

Doc# 601793

OFFICERS AND DIRECTORS

Title:	VD
Name:	Jorge R. Villarreal, M.D.
Address:	567 Avenue K, S.E.
City,ST.,	Winter Haven, Florida 33880

Title:	VD
Name:	Pablo J. Larrea, M.D.
Address:	567 Avenue K, S.E.
City, St.	Winter Haven, Florida 33880

Title:	VD
Name:	Enrique Puig, M.D.
Address:	567 Avenue K, S.E.
City, St.	Winter Haven, Florida 33880