

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90061 045 ***150.00

DOCUMENT # 601793

1. Entity Name

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



Principal Place of Business

567 AVENUE K S.E.
WINTER HAVEN FL 33880

Mailing Address

567 AVENUE K S.E.
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1278346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINGENFELTER, ALAN L.
567 AVENUE K S.E.
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	SD	<input type="checkbox"/> Delete
NAME	DOMENIC V. OTTAIANO, M.D.	
STREET ADDRESS	567 AVENUE K S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NETTLOW, DONALD R JR	
STREET ADDRESS	567 AVENUE K S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LINGENFELTER, ALAN L, MD	
STREET ADDRESS	567 AVENUE K S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIMON, MICHAEL J MD	
STREET ADDRESS	567 AVENUE K S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MYERS, WILLIAM P M	
STREET ADDRESS	567 AVENUE K S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DRUM, JERRY B, MD	
STREET ADDRESS	567 AVENUE K S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jorge R. Villarreal, M.D.	
STREET ADDRESS	567 Avenue K, S.E.	
CITY-ST-ZIP	Winter Haven FL 33880	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pablo Larrea, M.D.	
STREET ADDRESS	567 Avenue K, S.E.	
CITY-ST-ZIP	Winter Haven FL 33880	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Enrique Puig, M.D.	
STREET ADDRESS	567 Avenue K SE	
CITY-ST-ZIP	Winter Haven FL 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/05 863-255-8865