

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90016 030 ***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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1278346	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOMENIC V. OTTAIANO, M.D. 567 AVENUE K S.E. WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NETTLOW, DONALD R JR 567 AVENUE K. S.E. WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINGENFELTER, ALAN L, MD 567 AVENUE K S.E. WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMON, MICHAEL J MD 567 AVENUE K S.E. WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MYERS, WILLIAM P M 567 AVENUE K S.E. WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRUM, JERRY B, MD 567 AVENUE K S.E. WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <i>Alan Lingenfelter</i> 3/28/06 843 299-3965					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					