2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 601793

1. Entity Name
ANESTHESIA ASSOCIATES, M.D., P.A.

Principal Place of Business	Mailing Address
567 AVENUE K S.E. WINTER HAVEN, FL 33880	567 AVENUE K S.E. WINTER HAVEN, FL 33880

01192007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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	NETTLOW, DONALD R JR
STREET ADDRESS	567 AVENUE K. S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	PD
NAME	LINGENFELTER, ALAN L, MD
STREET ADDRESS	567 AVENUE K S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VD
NAME	SIMON, MICHAEL J MD
STREET ADDRESS	567 AVENUE K S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VD
NAME	MYERS, WILLIAM P M
STREET ADDRESS	567 AVENUE K S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VD
NAME	DRUM, JERRY B, MD
STREET ADDRESS	567 AVENUE K S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33880

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02/20/07-80028-008 150.00

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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: _____ President 1/29/07 863 299-3965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #