

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601793

FILED
Jan 04, 2012
Secretary of State

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

Current Principal Place of Business:

567 AVENUE K S.E.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

567 AVENUE K S.E.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-1278346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: ALAN L LINGENFELTER

01/04/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: OTTAIANO, DOMENIC V MD
Address: 567 AVENUE K S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD
Name: PUIG, ENRIQUE MD
Address: 567 AVENUE K S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: PD
Name: LINGENFELTER, ALAN L MD
Address: 567 AVENUE K S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD
Name: ECKERT, JORDAN MD
Address: 567 AVE K SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD
Name: MYERS, WILLIAM P MD
Address: 567 AVENUE K S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD
Name: DRUM, JERRY B MD
Address: 567 AVENUE K S.E.
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALAN L LINGENFELTER

PRES

01/04/2012

Electronic Signature of Signing Officer or Director

Date