

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90039 044 ***150.00

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1. Entity Name

FLORIDA ANESTHESIA PROFESSIONALS, P.A.



Principal Place of Business

2811 TAMiami TRAIL
SUITE P
PORT CHARLOTTE, FL 33952

Mailing Address

2811 TAMiami TRAIL
SUITE P
PORT CHARLOTTE, FL 33952

94023757



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number

56-0946430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADDONIZIO, MARK A M.D.
2811 TAMiami TRAIL
SUITE P
PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADDONIZIO, MARK A
STREET ADDRESS	2811 TAMiami TRAIL, SUITE P
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Addonizio, President

02-26-04 941-629-7337

Date

Daytime Phone #