

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90299 046 ***150.00

DOCUMENT # 601985

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



2. Principal Place of Business

2811 Tamiami Trail

Suite, Apt. #, etc.

Suite D

City & State

Port Charlotte, FL

Zip

33952

Country

US

3. Mailing Address

2811 Tamiami Trail

Suite, Apt. #, etc.

Suite D

City & State

Port Charlotte, FL

Zip

33952

Country

US

1st MOORE

CR2E034 (10/05)

4. FEI Number

56-0946430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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	PD	<input type="checkbox"/> Delete
NAME	ADDONIZIO, MARK A	
STREET ADDRESS	2811 TAMiami TRAIL, SUITE P	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 exemptions contained in Section 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:

Mark Addonizio

Mark Addonizio, President

04-03-06

941-629-7337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #