

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90109 018 ***150.00

DOCUMENT # 603322

1. Entity Name
ANESTHESIA ASSOCIATES, P.A.



Principal Place of Business
**1903 S. CONGRESS AVE, SUITE 180
BOYNTON BEACH, FL 33426 US**

Mailing Address
**1903 S. CONGRESS AVE, SUITE 180
SUITE 411
BOYNTON BEACH, FL 33426 US**

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1370767

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**QUINONES, APRIL T.
1903 S. CONGRESS AVE, SUITE 180
BOYNTON BEACH, FL 33426**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CERULLO, JAMES A
55 DOUGLAS DRIVE
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
QUINONES, APRIL SUE
6304 N. OCEAN BLVD.
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
FRASER, JAMES R
4821 S. LAKE DRIVE
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
RICHMAN, GARY M
9109 STREAMSIDE CT
BOCA RATON, FL 33498**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
MAISEL, HOWARD
1903 S. CONGRESS AVENUE, STE 180
BOYNTON BEACH, FL 33426**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #