

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90084 040 ***150.00

DOCUMENT # F02832	
1. Entity Name ORLANDO ANESTHESIA CONSULTANTS, P.A.	

Principal Place of Business 291 SOUTHHALL LANE MAITLAND, FL 32751 US	Mailing Address 291 SOUTHHALL LANE MAITLAND, FL 32751 US
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94039111



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent LAFFERTY, JOHN J M.D. 291 SOUTHHALL LANE MAITLAND, FL 32751	
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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.

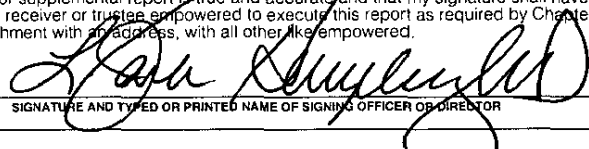
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE	PD ☐ Delete
NAME	LAFFERTY, JOHN J MD
STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	S ☐ Delete
NAME	HEMPLING, L JACK MD
STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VPD ☐ Delete
NAME	COGSWELL, NEALE A MD
STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D ☐ Delete
NAME	TERYL, MD JAMES
STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Secretary** 3/25/04 407-667-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #