

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002451

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** NAPLES ANESTHESIA & PAIN ASSOCIATES INC.

**Current Principal Place of Business:**

840 111TH AVE. NORTH, SUITE 7  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

840 111TH AVE. NORTH, SUITE 7  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 82-0581917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOVATT, JEFF M ESQ.  
821 FIFTH AVE. SOUTH, SUITE 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

NOVATT, JEFF M ESQ.  
821 FIFTH AVENUTE SOUTH  
SUITE 201  
NAPLES, FL 34102 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: JEFF M. NOVATT, ESQ.

03/30/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCST ( ) Delete  
Name: PERGOLIZZI, JOSEPH V JR.  
Address: 840 111TH AVE. NORTH, SUITE 7  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH V. PERGOLIZZI, JR.

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date