

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90065 006 ***150.00

DOCUMENT # F53816	
1. Entity Name THE ANESTHESIA GROUP, P.A.	

Principal Place of Business 1717 N.E. ST. STE 203 PENSACOLA FL 32501-6336 US	Mailing Address 1717 N "E" ST SUITE 203 PENSACOLA FL 32501-6336 US
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2. Principal Place of Business 4901 Grande Drive	3. Mailing Address P.O. Box 30423
Suite, Apt. #, etc.	Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State Pensacola, FL	City & State Pensacola, FL	4. FEI Number 59-2166388	Applied For <input type="checkbox"/> Not Applicable
Zip 32504	Country U.S.A.	Zip 32503-1423	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENTZ, PHILIP D 1717 N.E. ST., STE 203 PENSACOLA FL 32501		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable) 4901 Grande Drive	
City Pensacola		FL	Zip Code 32504

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE ST	<input type="checkbox"/> Delete
NAME NALLEY, JAMES H MD	
STREET ADDRESS 1717 NE ST, SUITE 1203	
CITY-ST-ZIP PENSACOLA FL 32501-6336	
TITLE VP	<input type="checkbox"/> Delete
NAME BENTZ, PHILIP D	
STREET ADDRESS 1717 N "E" ST STE 203	
CITY-ST-ZIP PENSACOLA, FL 00000 32501-6336	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME STARKE, MONICA E DR	
STREET ADDRESS 1717 N "E" STREET, STE 203	
CITY-ST-ZIP PENSACOLA FL 32501-6336	
TITLE VP	<input type="checkbox"/> Delete
NAME ASHMORE, B. WAYNE MD	
STREET ADDRESS 1717 N "E" ST STE 203	
CITY-ST-ZIP PENSACOLA FL 32501-6336	
TITLE P	<input type="checkbox"/> Delete
NAME PATTON, ROBERT F.	
STREET ADDRESS 1717 N "E" ST STE203	
CITY-ST-ZIP PENSACOLA FL 32501-6336	
TITLE VP	<input type="checkbox"/> Delete
NAME FINLEY, GAVIN W MD	
STREET ADDRESS 1717 N E ST STE 203	
CITY-ST-ZIP PENSACOLA FL 32501-6336	

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	
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 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: *Robert F. Patton* 1/28/04 (850) 438-1848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
24025495
#F538 P.C

The Anesthesia Group, P.A.

Philip D. Bentz, M.D.
Robert F. Patton, M.D.

James H. Nalley, M.D.

B. Wayne Ashmore, M.D.
Gavin W. Finley, M.D.

P. O. Box 30423, Pensacola, Florida 32503-1423
(850) 438-1848
FAX (850) 438-7209

March 18, 2004

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, Florida 32314

RE: 59-2166388
SUBJ: 2004 AR

Please **delete** the following Officers and Directors:

Steven M. Rolfes VP
1717 North E Street, Ste. 203
Pensacola, Florida 32501-6336

Richard Klementavicius VP
1717 North E Street, Ste. 203
Pensacola, Florida 32501-6336

Rick D. Smith VP
1717 North E Street, Ste. 203
Pensacola, Florida 32501-6336

Brett S. Sullivan VP
1717 North E Street, Ste. 203
Pensacola, Florida 32501-6336