
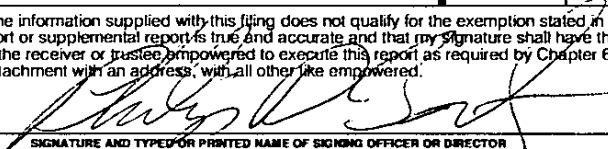


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90049 043 \*\*\*150.00

<b>DOCUMENT # F53816</b> 1. Entity Name <b>THE ANESTHESIA GROUP, P.A.</b>					
Principal Place of Business <b>4901 GRANDE DRIVE</b> <b>PENSACOLA, FL 32504 US</b>			Mailing Address <b>PO BOX 30423</b> <b>PENSACOLA, FL 32503 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2166388</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BENTZ, PHILIP D</b> <b>4901 GRANDE DRIVE</b> <b>PENSACOLA, FL 32504</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)	
SIGNATURE _____				DATE _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	ST		TITLE	President	
NAME	NALLEY, JAMES H MD		NAME		
STREET ADDRESS	1717 NE ST, SUITE 1203		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 325016336		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	BENTZ, PHILIP D		NAME		
STREET ADDRESS	1717 N "E" ST STE 203		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000, 325016336		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	ASHMORE, B. WAYNE MD		NAME		
STREET ADDRESS	1717 N "E" ST STE 203		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 325016336		CITY-ST-ZIP		
TITLE	P		TITLE		
NAME	PATTON, ROBERT F.		NAME		
STREET ADDRESS	1717 N "E" ST STE203		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 325016336		CITY-ST-ZIP		
TITLE	VP		TITLE	Secretary/Treasurer	
NAME	FINLEY, GAVIN W MD		NAME		
STREET ADDRESS	1717 N E ST STE 203		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 325016336		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/17/05					
Daytime Phone #: 850-438-1848					

50018958



02152005 Chg-P CR2E034 (10/03)

FL

Zip Code

DATE

\$5.00 May Be Added to Fees

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

850-438-1848

ORIGINAL