

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # F97000003480

1. Entity Name
QUALITY ANESTHESIA CARE CORP.



Principal Place of Business

**4100A HEIGEL AVENUE
SARASOTA, FL 34242**

Mailing Address

**4100A HEIGEL AVENUE
SARASOTA, FL 34242**



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1609116

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOROWITZ, JAY
4100A HEIGEL AVENUE
SARASOTA, FL 34242**

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOROWITZ, JAY
STREET ADDRESS	4100A HIGEL AVE
CITY- ST- ZIP	SARASOTA, FL 34242
TITLE	S
NAME	BERLINER, IRV
STREET ADDRESS	200 PUBLIC SQUARE, STE 2300
CITY- ST- ZIP	CLEVELAND, OH
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/01/05-80004-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Jay Horowitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Paytime Phone #