
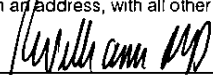


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90043 042 ***150.00

DOCUMENT # G83784 1. Entity Name DAYTONA ANESTHESIOLOGY ASSOCIATES, P.A.					
Principal Place of Business C/O ROBERT WILLIAMS, M.D. 311 N. CLYDE MORRIS #350 DAYTONA BEACH FL 32114			Mailing Address C/O ROBERT WILLIAMS, MD 311 N. CLYDE MORRIS, 350 DAYTONA BEACH FL 32214 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2460151	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMS, ROBERT, M.D. 311 N CLYDE MORRIS BLVD, #350 DAYTONA BEACH FL 32114			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYFIELD, ROSS MD 311 N CLYDE MORRIS #350 DAYTONA BCH FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD KIPTON, MD 311 N. CLYDE MORRIS #350 DAYTONA BCH, FL 32115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, ROBERT C 311 N CLYDE MORRIS, 350 DAYTONA BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATHAN RACHMAN, MD 311 N. CLYDE MORRIS #350 DAYTONA BCH, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DELANEY, RICHARD D., MD 311 N CLYDE MORRIS, 350 DAYTONA BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENISE WISELY, DO. 311 N. CLYDE MORRIS #350 DAYTONA BCH, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLINER, STUART J., MD 311 N CLYDE MORRIS, 350 DAYTONA BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID FOX, MD 311 N. CLYDE MORRIS #350 DAYTONA BCH, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANZ, JUNE A M.D. 311 N CLYDE MORRIS, #350 DAYTONA BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID LEU, MD 311 N. CLYDE MORRIS #350 DAYTONA BCH, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERRICK PAYNE, MD 311 N. CLYDE MORRIS #350 DAYTONA BCH, FL 32114	<input type="checkbox"/> Delete ADD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID PLUSCEC, MD 311 N. CLYDE MORRIS BLVD #350 DAYTONA BCH, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 			1-28-05 386 255-1266		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		