

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90025 017 \*\*\*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

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2460151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

**FL**

Zip Code

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MAYFIELD, ROSS MD  
STREET ADDRESS 311 N CLYDE MORRIS #350  
CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE D ☐ Change ☒ Addition  
NAME RICHARD LIPTON M.D.  
STREET ADDRESS 311 N. CLYDE MORRIS #350  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE P ☐ Delete  
NAME WILLIAMS, ROBERT C  
STREET ADDRESS 311 N CLYDE MORRIS, 350  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ Change ☒ Addition  
NAME DERRICK PAYNE, MD  
STREET ADDRESS 311 N. CLYDE MORRIS #350  
CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE D ☐ Delete  
NAME DELANEY, RICHARD D., MD  
STREET ADDRESS 311 N CLYDE MORRIS, 350  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ Change ☒ Addition  
NAME NATHAN RAICHMAN MD  
STREET ADDRESS 311 N. CLYDE MORRIS #350  
CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE D ☐ Delete  
NAME DOLINER, STUART J., MD  
STREET ADDRESS 311 N CLYDE MORRIS, 350  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ Change ☒ Addition  
NAME DENISE WISENY, MD  
STREET ADDRESS 311 N. CLYDE MORRIS #350  
CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE D ☐ Delete  
NAME FRANZ, JUNE A M.D.  
STREET ADDRESS 311 N CLYDE MORRIS, #350  
CITY-ST-ZIP DAYTONA BCH FL

TITLE D ☐ Change ☒ Addition  
NAME DAVID FOX, MD  
STREET ADDRESS 311 N. CLYDE MORRIS #350  
CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE D ☐ Delete  
NAME PLUSCEC, DAVOR MD  
STREET ADDRESS 311 N CLYDE MORRIS BLVD #350  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D ☐ Change ☒ Addition  
NAME DAVID LEV, MD  
STREET ADDRESS DANIELA HOLLOWAY, MD - ADD  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Daytime Phone #