


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # J21800 1. Entity Name ANESTHESIA CARE TEAM, INC.	
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Principal Place of Business 3309 SW 34TH CIR STE 101 OCALA, FL 34474	Mailing Address PO BOX 39 OCALA, FL 32678
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2689712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELISETTI, RAVI K
3309 SW 34TH CIR STE 101
OCALA, FL 34474

**DO NOT WRITE
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 Ravi K. Velisetti DATE 1/13/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VELISETTI, RAVI 1440 SW 3RD AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD RODRIGUEZ, PETER 1440 SW 3RD AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/05/04-80049-019 150.00

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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)(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: Ravi K. Velisetti Ravi K. Velisetti 1/13/04 (352) 237-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #