

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # J21800

1. Entity Name
ANESTHESIA CARE TEAM, INC.



Principal Place of Business
**3309 SOUTHWEST 34TH CIRCLE
SUITE 101
OCALA, FL 34474**

Mailing Address
**3309 SOUTHWEST 34TH CIRCLE
SUITE 101
OCALA, FL 34474**



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2689712	Applied For <input type="checkbox"/> 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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	VELISETTI, RAVI
STREET ADDRESS	3309 SOUTHWEST 34TH CIRCLE STE 101
CITY-STATE-ZIP	OCALA, FL 34474

TITLE	VPTD
NAME	RODRIGUEZ, PETER
STREET ADDRESS	3309 SOUTHWEST 34TH CIRCLE STE 101
CITY-STATE-ZIP	OCALA, FL 34474

TITLE	T
NAME	LARSEN, CHRISTIAN
STREET ADDRESS	3309 SW 34B CIRCLE STE 101
CITY-STATE-ZIP	OCALA, FL 34471

TITLE	S
NAME	HANBUCKEL, JOHN
STREET ADDRESS	3309 SW 34C CIRCLE STE 101
CITY-STATE-ZIP	OCALA, FL 34474

TITLE	D
NAME	DEVARAPALLI, REDDY
STREET ADDRESS	3309 SW 34D CIRCLE STE 101
CITY-STATE-ZIP	OCALA, FL 34474

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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02/27/08-80001-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/08 352-737-2400