


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90343 037 \*\*\*150.00

<b>DOCUMENT # K07410</b>	
1. Entity Name <b>ANESTHESIA OF INDIAN RIVER, INC.</b>	

Principal Place of Business <b>699 17TH STREET, SUITE E2 VERO BEACH, FL 32960</b>	Mailing Address <b>699 17TH STREET, SUITE E2 VERO BEACH, FL 32960</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03102004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0037808</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FEGERT, FORD J. 817 BEACHLAND BLVD VERO BEACH, FL 32963</b>		7. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRANN, CHRISTOPHER MD 699 17TH STREET, SUITE E VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Michael D. Langford, MD 699 17th Street, Suite E Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTELL, DONALD J DO 699 17TH STREET, SUITE E VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Eileen Monuszko, MD 699 17th Street, Suite E Vero Beach, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, MARION L. MD 699 17TH STREET, E2 VERO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Virginia E. Fegert, MD 699 17th Street, Suite E Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MONUSZKO, EILEEN A MD 699 17TH ST, STE E VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Russell L. Meetze, MD 699 17th Street, Suite E Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUNASSI MD, MICHAEL 699 17TH STREET STE E VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martha Wheeley, MD 699 17th Street, Suite E Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, EDWARD H 699 17TH ST E2 VERO BCH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	continued on attached sheet <input type="checkbox"/> Change <input 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:** Donald J. Portell **4/1/04** **(772) 778-9621**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Donald J. Portell, DO, President**

Attachment

14001164

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ANNUAL REPORT**

DOCUMENT # K07410

1. Entity Name  
ANESTHESIA OF INDIAN RIVER, INC.



11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Geoffrey B. Wolf, MD 699 17th Street, Suite E Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nikitas Kleopoulos, MD 699 17th Street, Suite E Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
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