

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90322 005 ***150.00

00040416



DOCUMENT # K07410 1. Entity Name ANESTHESIA OF INDIAN RIVER, INC.					
Principal Place of Business 699 17TH STREET, SUITE E2 VERO BEACH, FL 32960			Mailing Address 699 17TH STREET, SUITE E2 VERO BEACH, FL 32960		
2. Principal Place of Business 1555 Indian River Blvd Suite, Apt. #, etc. Suite B120 City & State Vero Beach, FL Zip 32960		3. Mailing Address 1555 Indian River Blvd Suite, Apt. #, etc. Suite B120 City & State Vero Beach, FL Zip 32960		04062006 Chg-P CR2E034 (11/05)	
Country USA		Country USA		4. FEI Number 65-0037808	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FEGERT, FORD J. 817 BEACHLAND BLVD VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 819 Beachland Blvd. City Vero Beach FL Zip Code 32963		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 FEGERT, VIRGINIA E MD 699 17TH ST, STE E VERO BEACH, FL 32960	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Virginia E. Fegert MD 1555 Indian River Blvd B120 Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input 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	PD Donald J Portell, DO 1555 Indian River Blvd. B120 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 Marion L Richardson, MD 1555 Indian River Blvd., B120 Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONUSZKO, EILEEN A MD 699 17TH ST, STE E VERO BEACH, FL 32960	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Eileen A Monuszko, MD 1555 Indian River Blvd., B120 Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGFORD, MICHAEL D 699 17TH ST. STE D VERO BEACH, FL 32960	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael D Langford, MD 1555 Indian River Blvd., B120 Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANGFORD, MICHAEL D MD 669 17TH ST., STE. E VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	continued on attached sheet	
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 information.					
SIGNATURE:			4/6/06 (772) 778-9621		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT 2006 FOR PROFIT CORPORATION ANNUAL REPORT

60025472

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continuation from page 1

11. Additions/Changes to Officers and Directors

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D Nikitas Kleopoulos, MD 1555 Indian River Blvd., B120 Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Martha Wheeley, MD 1555 Indian River Blvd., B120 Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DT Geoffrey B. Wolf, MD 1555 Indian River Blvd., B120 Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D James Ploucha, MD 1555 Indian River Blvd., B120 Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Falguni Sura, MD 1555 Indian River Blvd, B120 Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
Date	Daytime Phone #