


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90083 007 ***150.00

DOCUMENT # K17537

1. Entity Name
THE JOSEPH L. RILEY ANESTHESIA ASSOCIATES, P.A.



Principal Place of Business Mailing Address
291 SOUTHHALL LANE **291 SOUTHHALL LANE**
MAITLAND, FL 32751 US **MAITLAND, FL 32751 US**

14000494



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2905984 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROBINSON, RICHARD M
201 EAST PINE STREET
SUITE 1200
ORLANDO, FL 32801

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 _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCARIO MD, THOMAS J	NAME	KUNICHKA, ERIC T. M.D.
STREET ADDRESS	291 SOUTHHALL LANE	STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNICHKA, ERIC MD	NAME	GALLO, E. BRUNO M.D.
STREET ADDRESS	291 SOUTHHALL LANE	STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DT <input type="checkbox"/> Delete	TITLE	DT and DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAO, DAVID MD	NAME	TAO, DAVID G. M.D.
STREET ADDRESS	291 SOUTHHALL LANE	STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAGER, BRIAND D MD	NAME	ARCARIO, THOMAS M.D.
STREET ADDRESS	291 SOUTHHALL LN.	STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, JOSEPH A JR., M.D	NAME	ARIANI, KAYVAN M.D.
STREET ADDRESS	291 SOUTHHALL LANE	STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	DAVIS, STEPHEN B MD	NAME	
STREET ADDRESS	291 SOUTHHALL LANE	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	

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: ERIC T. KUNICHKA, M.D. *Eric T. Kunichka* 3/4/04 (407)667-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #