

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90036 029 ***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**

40010376

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01192005 Chg-P CR2E034 (10/03)
 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 _____ DATE _____
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARCARIO MD, THOMAS J	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KUNICHKA, ERIC M.D.	
STREET ADDRESS	291 SOUTHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DTDS	<input checked="" type="checkbox"/> Delete
NAME	TAO, DAVID MD	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARIANI, KAYVAN M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GALLO, JOSEPH A JR., M.D	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, STEPHEN B MD	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS W. ANDREWS, M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DTDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAC AXELROD, M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM W. PURKEY, M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS A. OLIN, M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. EDWIN WILSON, M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	

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* **ERIC T. KUNICHKA, M.D.** 1/20/05 (407)667-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #