

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90064 023 ***150.00



DOCUMENT # K17537
 1. Entity Name
THE JOSEPH L. RILEY ANESTHESIA ASSOCIATES, P.A.

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

Mailing Address
291 SOUTHHALL LANE
MAITLAND, FL 32751 US

2. Principal Place of Business
 Suite, Apt. #, etc.
SUITE 201
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
SUITE 201
 City & State

Zip Country Zip Country

03062006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2905984
 Applied For
 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, 2006 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 type="checkbox"/> Delete
NAME	ANDREWS, THOMAS W M.D.	
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 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DTDS	<input type="checkbox"/> Delete
NAME	AZELROD, MAC M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	PURKEY, WILLIAM W	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OLIN, DOUGLAS A M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, G. EDWIN M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNICHKA, ERIC M.D.	
STREET ADDRESS	291 SOUTHHALL LANE, STE. 201	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AXELROD, MAC, M.D.	
STREET ADDRESS	291 SOUTHHALL LANE, STE. 201	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANN, MICHAEL, M.D.	
STREET ADDRESS	291 SOUTHHALL LANE, STE. 201	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIN, DOUGLAS, M.D.	
STREET ADDRESS	291 SOUTHHALL LANE, STE. 201	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, G. EDWIN, M.D.	
STREET ADDRESS	291 SOUTHHALL LANE, STE. 201	
CITY-ST-ZIP	MAITLAND, FL 32751	

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: G. Edwin Wilson **G. EDWIN WILSON, M.D., PRES.** **3/7/06**

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