
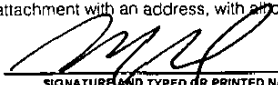


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90002 039 ***150.00

DOCUMENT # K17537					
1. Entity Name THE JOSEPH L. RILEY ANESTHESIA ASSOCIATES, P.A.					
Principal Place of Business 291 SOUTHHALL LANE 201 MAITLAND, FL 32751 US		Mailing Address 291 SOUTHHALL LANE 201 MAITLAND, FL 32751 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2905984	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHICK, DAVID L 301 EAST PINE STREET SUITE 1400 ORLANDO, FL 32801			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
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, 2008 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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCARIO, THOMAS J M.D.		NAME	JAGER, BRIAN M.D.	
STREET ADDRESS	291 SOUTHHALL LANE SUITE 201		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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBSON, CHRISTPHER E M.D.		NAME	SPALDING, HOWARD K M.D.	
STREET ADDRESS	291 SOUTHHALL LANE SUITE 201		STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AXELROD, MAC M.D.		NAME	WARNER, NORMAN M.D.	
STREET ADDRESS	291 SOUTHHALL LANE SUITE 201		STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	TS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANN, MICHAEL M.D.		NAME	ANGERT, KEVIN C M.D.	
STREET ADDRESS	291 SOUTHHALL LN SUITE 201		STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIN, DOUGLAS A M.D.		NAME	AXELROD, MAC M.D.	
STREET ADDRESS	291 SOUTHHALL LANE SUITE 201		STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, G. EDWIN M.D.		NAME	WILSON, G. EDWIN M.D.	
STREET ADDRESS	291 SOUTHHALL LN SUITE 201		STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751		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 another like empowered.					
SIGNATURE: 		MAC AXELROD, MD		03/20/08 407-627-0444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40054000



03202008 Chg-P CR2E034 (12/06)