

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K17537

FILED  
Apr 02, 2009  
Secretary of State

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

## Current Principal Place of Business:

291 SOUTHHALL LANE  
201  
MAITLAND, FL 32751 US

## New Principal Place of Business:

## Current Mailing Address:

291 SOUTHHALL LANE  
201  
MAITLAND, FL 32751 US

## New Mailing Address:

FEI Number: 59-2905984      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHICK, DAVID L  
301 EAST PINE STREET  
SUITE 1400  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ARCARIO, THOMAS J M.D.  
Address: 291 SOUTHHALL LANE SUITE 201  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: DOBSON, CHRISTPHER E M.D.  
Address: 291 SOUTHHALL LANE SUITE 201  
City-St-Zip: MAITLAND, FL 32751

Title: V ( ) Delete  
Name: AXELROD, MAC M.D.  
Address: 291 SOUTHHALL LANE SUITE 201  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: JAGER, BRIAN MD  
Address: 291 SOUTHHALL LANE  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: AXELROD, MAC MD  
Address: 291 SOUTHHALL LANE  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: WILSON, G. EDWIN M.D.  
Address: 291 SOUTHHALL LANE  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: AXELROD, MAC M.D.  
Address: 291 SOUTHHALL LANE SUITE 201  
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ANGERT, KEVIN MD  
Address: 291 SOUTHHALL LANE  
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAC AXELROD, M.D.

P

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date