2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90552 038 ***150.00

DOCUMENT # K94427

1. Entity Name
ANESTHESIOLOGY ASSOCIATES OF TALLAHASSEE, P.A.

14015163

Principal Place of Business	Mailing Address
2173 A CENTERVILLE PL TALLAHASSEE, FL 32308	2173 A CENTERVILLE PL TALLAHASSEE, FL 32308

04272005 Chg-P CR2E034 (10/03)

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

4. FEI Number 59-2970442 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, JOSEPH J 2173-A CENTERVILLE PLACE TALLAHASSEE, FL 32308	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNIE, JOHN E 2173-A CENTERVILLE PL TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition See ATTACHED
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CONRAD, DANIEL P 2173-A CENTERVILLE PLACE TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HENRY, RICHARD L 2173 A CENTERVILLE PL TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEL, BRENCE A 2173- A CENTERVILLE PL TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SELL, BRENCE A.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ONEILL, JAMES F 2173- A CENTERVILLE PL TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOEFFLER, NANCY L 2173- A CENTERVILLE PL TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Nancy L Loeffler 4.29.05 (850) 385-0144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NANCY L. LOEFFLER

ANESTHESIOLOGY ASSOCIATES of TALLAHASSEE, P.A.

ATTACHMENT 2005 FOR PROFIT CORPORATION ANNUAL REPORT

K94427/1401963 BLOCK 11 - ADDITIONS TO OFFICERS

THE FOLLOWING ARE ADDITIONAL OFFICERS of OUR CORPORATION. ALL ARE V AND ALL HAVE A MAILING ADDRESS of 2173-A CENTERVILLE PLACE, TALLAHASSEE, FL 32308 :

ATWATER, R. JACKSON
BAKER, WILMOTH H.
BIDWELL, PATRICE T.
DONNELLAN, WILLIAM G.
FRANKLAND, J. MICHAEL
GIRALT, J. ANTHONY
McLANAHAN, GREGORY A.
McNOOKIN, STEPHEN C
Myers, JEFFREY A.
PADALIA, JITENDRA G.
PADALIA, MANSUKHLAL G.
RUTLEDGE, JOHN M.
TOTTEN, JAMES A.
WARREN, SAMUEL M.
WILHOIT, CHRISTOPHER A.