

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # K95697	
1. Entity Name WEST FLORIDA ANESTHESIA, P.A.	
Principal Place of Business 11323 CORTEZ BLVD. BROOKSVILLE, FL 34613	Mailing Address WEST FLORIDA ANESTHESIA, P.A. P.O. BOX 5719 SPRING HILL, FL 34606



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2950096	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TRACY, DEBORAH MD 10019 TWELVE OAKS CT BROOKSVILLE, FL 34613	DO NOT WRITE IN THIS SPACE
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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 reappointing) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACY, DEBORAH MD 10019 TWELVE OAKS CT BROOKSVILLE, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Deborah Tracy* **DEBORAH TRACY** *3/3/05* *(352) 597-0907*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #