

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90202 025 ***150.00

DOCUMENT # K96835 1. Entity Name ATLANTIC COAST ANESTHESIA ASSOCIATES, P.A.					
Principal Place of Business 8918 S FEDERAL HWY PORT ST. LUCIE, FL 34952			Mailing Address 2112 S US HWY 1 STE 201 FORT PIERCE, FL 34950		
2. Principal Place of Business - No P.O. Box # 2112 S US HWY 1		3. Mailing Address Suite, Apt. #, etc. STE 201			
City & State FORT PIERCE FL		City & State FORT PIERCE FL		4. FEI Number 65-0123516	
Zip 34950		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STACI L. LUDWIG CPA PA 2112 S US HWY 1 STE 201 FORT PIERCE, FL 34950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	P INGRAM, KEITH MD 8918 S FEDERAL HWY PORT ST LUCIE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRABIN, STEPHANIE 8918 S FEDERAL HWY PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres 2112 S US HWY 1 STE 201 FORT PIERCE FL 34950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRISPIN, JULIE 8918 S FEDERAL HWY PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS/SEC 2112 S US HWY 1 STE 201 FORT PIERCE FL 34950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANGER, STEVEN 8918 S FEDERAL HWY PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES 2112 S US HWY 1 STE 201 FORT PIERCE FL 34950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Steven Langer MD</u> <u>2/27/08</u> <u>772-528-6908</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					