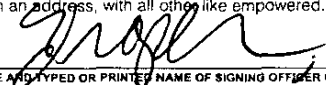


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90202 006 ***150.00

DOCUMENT # L14512 1. Entity Name SARASOTA ANESTHESIOLOGISTS, P.A.					
Principal Place of Business 1261 S. TAMiami TR. SARASOTA, FL 34239			Mailing Address 1261 S. TAMiami TR. SARASOTA, FL 34239		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0152075	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEA, JOHN J, JR 2940 S TAMiami TRAIL SARASOTA, FL 34239				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D SWARTZ, JEFFREY 4905 FALLCREST CIRCLE SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUTH, DAVID 4705 ELDER BERRY DRIVE SARASOTA, FL. 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIPPERT, R. HAROLD 1520 BLUE HERON DRIVE SARASOTA, FL 34239	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WITTMANN, MARK 4900 WINTERHAVEN DRIVE SARASOTA, FL. 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRAPER, JOSEPH 832 FREELING DRIVE SARASOTA, FL 34242	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRAPER, JOSEPH 832 FREELING DRIVE SARASOTA, FL. 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VONWALDNER, MARY 4509 SPRING FLOWER COURT SARASOTA, FL 34233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VONWALDNER, MARY 3027 DICK WILSON DRIVE SARASOTA, FL. 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINDLIN, LEONARD 1870 DATURA ST. SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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: X  JOSEPH DRAPER 4-25-07 941-366-1164					