

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L14512

FILED
Feb 16, 2009
Secretary of State

Entity Name: SARASOTA ANESTHESIOLOGISTS, P.A.

Current Principal Place of Business:

1261 S. TAMIAMI TR.
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1261 S. TAMIAMI TR.
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-0152075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEA, JOHN J, JR
2940 S TAMIAMI TRAIL
SARASOTA, FL 34239 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: T () Delete
Name: MUTH, DAVID
Address: 4705 ELDER BERRY DR
City-St-Zip: SARASOTA, FL 34241

Title: S () Delete
Name: PERRY, DONALD
Address: 6609 PEACOCK ROAD
City-St-Zip: SARASOTA, FL 34242

Title: P () Delete
Name: DRAPER, JOSEPH
Address: 832 FREELING DRIVE
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: VONWALDNER, MARY
Address: 4509 SPRING FLOWER COURT
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: SWARTZ, JEFFREY
Address: 4905 FALLCREST CIRCLE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: DRAPER, JOSEPH
Address: 832 FREELING DRIVE
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Change () Addition
Name: TORINE, JEFFREY
Address: 5373 ASHLEY PARKWAY
City-St-Zip: SARASOTA, FL 34241

Title: P (X) Change () Addition
Name: SWARTZ, JEFFREY
Address: 4905 FALLCREST CIRCLE
City-St-Zip: SARASOTA, FL 34233

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: JEFFREY SWARTZ

P

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date