

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L14512

FILED  
Apr 27, 2012  
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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MUTH, DAVID  
**Address:** 4705 ELDER BERRY DR  
**City-St-Zip:** SARASOTA, FL 34241

**Title:** P  
**Name:** MINDLIN, LEONARD  
**Address:** 1870 DATURA STREET  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** S  
**Name:** MALLOY, WILLIAM  
**Address:** 1317 S. LAKESHORE DR.  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** T  
**Name:** TORINE, JEFFREY  
**Address:** 5373 ASHLEY PARKWAY  
**City-St-Zip:** SARASOTA, FL 34241

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

I hereby 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 all other like empowered.

**SIGNATURE:** LEONARD MINDLIN

P

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date