2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L58127

1. Entity Name

NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.



Principal Place of Business

2165 HERSCHEL STREET JACKSONVILLE, FL 32204

119

Mailing Address

2165 HERSCHEL STREET JACKSONVILLE, FL 32204

US

FILED Jan 27, 2004 8:00 am Secretary of State

01-27-2004 90004 045 ***150.00

44004706



01152004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3012384 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

AKEL, EÓWARD C. 2301 INDEPENDENT SQUARE JACKSONVILLE, F;L, FL 32202

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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.					
SIGNATURE.	Signature, typeod or printed trains of registered agent and title	ri applicable. (NOTE: Registored A	Agant alguneuro requirent whon teinstatic	RJ) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ing \$5.00 May B Added to Fees	e	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tunstill, Stephen 2165 HERSCHEL STREET JACKSONVILLE, FL	Ľ.			
TITLE NAME STRUET ADDRESS CITY ST. ZIP	ST Perry, Phil C. 2165 HERSCHEL STREET JACKSONVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Chapman, James G. 2165 HERSCHEL STREET JACKSONVILLE, FL		D	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST: ZIP	VPD ROCES, Armando J. 2165 HERSCHEL STREET JACKSONVILLE, FL		11	I THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIF	VPD Godboldt, Anthony 2165 HERSCHEL STREET JACKSONVILLE, FL	0.			
NITE NAME STREET ADDRESS CHY-SI-ZIP	VPD Soha, Walter M. 2165 HERSCHEL STREET JACKSONVILLE, FL			17//3/6) Elevide Statutes I further certify that the information	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and fact 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 employees the 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 appear in another like empowered.

SIGNATURE:

ROBATURE AND FITED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/4

904 387-1220

Daytime Phone #

SHAGAMENTS PORATION 44004706

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Mailing Address

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No Chg-P

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AKEL, EDWARD C. 2301 INDEPENDENT SQUARE JACKSONVILLE, F;L, FL 32202

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8. The above the obligati	named entity submits this statement for the poons of registered agent.	urpose of changing its regis	tered office or re	gistered agent, or bo	th. in the State of Florida. I am fami	iliar with, and accept
SIGNATURE_	Signative, typed or product trains of registered agent and title o	Supplicable. (NOTE: Regia	etored Agant dignetizes	requires whon constating)	, DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARDING, KATHERINE A 2165 HERSCHEL STREET JACKSONVILLE, FL					
TITLE NAME STRUET ADDRESS CITY+SI-ZIP	VPD KERR, JAMES K III 2165 HERSCHEL STREET JACKSONVILLE, FL					
TITLE NAME STREET ADDRESS CITY -ST - ZIP	VPD DONOVAN, KEVIN 2165 HERSCHEL STREET JACKSONVILLE, FL			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSENBERG, LEE D 2165 HERSCHEL STREET JACKSONVILLE, FL			IN T	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, WILLIAM T 2165 HERSCHEL STREET JACKSONVILLE, FL					

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SIGNATURE:

NAME STREET ADDRESS

CITY-SE-ZIP

GREENE ROGER W.

JACKSONVILLE, FL

2165 HERSCHEL STREET

HOUNTERN 44004706

2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# L58127 1. Entity Name NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A. Principal Place of Business Mailing Address 2165 HERSCHEL STREET 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 US 01152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3012384 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent AKEL, EDWARD C. DO NOT WRITE 2301 INDEPENDENT SQUARE JACKSONVILLE, F;L, FL 32202 IN THIS SPACE 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 Signature, typed or printed name of registered again and title if applicable (NOTE: Registered Agent algorithms requires: when remaining) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE Koehler, David C. NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL TITLE Williams, Bradley G. 2165 HERSCHEL STREET NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL TITLE NAME Boswell, Bruce B. STREET ANCRESS DO NOT WRITE CITY-ST-ZIF JACKSONVILLE, FL TITLE VPD IN THIS SPACE Boggs, Ralph B. 2165 HERSCHEL STREET NAME STREET ADDRESS CITY+ST-ZIP JACKSONVILLE, FL TITLE VPD

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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

SIGNATURE:

STREET ADDRESS

CMY-SY-ZIP

CRY-51-7IP

m.e NAME STREET ADDRESS 2165 HERSCHEL STREET

2165 HERSCHEL STREET

JACKSONVILLE, FL

JACKSONVILLE, FL

VPD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

attachmento 44004706

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DOCUMENT *L5812

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NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.



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Chen, Bai X.

JACKSONVILLE, FL

JACKSONVILLE, FL

VPD

2165 HERSCHEL STREET

Lee, Edward M.

Scott, John D.

2165 HERSCHEL STREET JACKSONVILLE, FL

2165 HERSCHEL STREET

DO NOT WRITE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	red office of re	igistered agent, or bot	h, in the State of Florida. I am familiar wit	h, and accept
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Patterson, Sarah L 2165 HERSCHEL STREET JACKSONVILLE, FL	•				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VPD Ponte, Robert A. 2165 HERSCHEL STREET JACKSONVILLE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Crum, Paul M. Jr. 2165 HERSCHEL STREET JACKSONVILLE, FL	· i		DO	NOT WRITE	

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SIGNATURE:

TITLE NAME

TITLE

NAME

STREET AODRESS

STREET ADDRESS

STREET ADDRESS

CHY-SI-ZIP

CITY-SY-ZIF TITLE NAME

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR