

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

01-27-2004 90004 045 ***150.00

DOCUMENT # L58127

1. Entity Name
NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.



Principal Place of Business
**2165 HERSCHEL STREET
JACKSONVILLE, FL 32204 US**

Mailing Address
**2165 HERSCHEL STREET
JACKSONVILLE, FL 32204 US**

94004706



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**AKEL, EDWARD C.
2301 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202**

**DO NOT WRITE
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 agent and title if applicable.

(NOTE: Registered Agent signature required when remediating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
Tunstill, Stephen L.
2165 HERSCHEL STREET
JACKSONVILLE, FL**

TITLE
NAME
STREET 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**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
Roces, Armando J.
2165 HERSCHEL STREET
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
Godboldt, Anthony O.
2165 HERSCHEL STREET
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
Soha, Walter M.
2165 HERSCHEL STREET
JACKSONVILLE, FL**

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IN THIS SPACE**

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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

Edward C. Koehler 1/23/04 904 383-1020

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment
44004706

DOCUMENT # L58127 1. Entity Name NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.	
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Principal Place of Business 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 US	Mailing Address 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 US
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4. FEI Number 59-3012384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AKEL, EDWARD C.
2301 INDEPENDENT SQUARE
JACKSONVILLE, 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 _____ (NOTE: Registered Agent signature requires when consulting) DATE _____

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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HARDING, KATHERINE A 2165 HERSCHEL STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROSENBERG, LEE D 2165 HERSCHEL STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SMITH, WILLIAM T 2165 HERSCHEL STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GREENE ROGER W. 2165 HERSCHEL STREET JACKSONVILLE, FL

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SIGNATURE: Edward C. Kochler 1/23/04 904 388-1226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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DATE _____

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10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
Koehler, David C.
2165 HERSCHEL STREET
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
Williams, Bradley G.
2165 HERSCHEL STREET
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
Boswell, Bruce B.
2165 HERSCHEL STREET
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
Boggs, Ralph B.
2165 HERSCHEL STREET
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
2165 HERSCHEL STREET
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
2165 HERSCHEL STREET
JACKSONVILLE, FL**

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David C Koehler


1/23/04

904 383-1220

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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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Chen, Bai X. 2165 HERSCHEL STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Lee, Edward M. 2165 HERSCHEL STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Scott, John D. 2165 HERSCHEL STREET JACKSONVILLE, FL

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SIGNATURE: *David C. Kochler* *11/23/04* *904 387-1200*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #