

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90059 037 ***150.00

50032865



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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3012384	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AKEL, EDWARD C. 2301 INDEPENDENT SQUARE JACKSONVILLE, F.L, FL 32202				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPD		TITLE	VPD	
NAME	Rosenberg, Lee D.		NAME	Scott, John D.	
STREET ADDRESS	2165 HERSCHEL STREET		STREET ADDRESS	2165 Herschel St	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VPD		TITLE	VPD	
NAME	Patterson, Sarah L.		NAME	Williams, Bradley G.	
STREET ADDRESS	2165 HERSCHEL STREET		STREET ADDRESS	2165 Herschel St	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VPD		TITLE	VPD	
NAME	Ponte, Robert A.		NAME	Boswell, Bruce B.	
STREET ADDRESS	2165 HERSCHEL STREET		STREET ADDRESS	2165 Herschel St	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VPD		TITLE	VPD	
NAME	Crum, Paul M. Jr.		NAME	Boggs, Ralph B.	
STREET ADDRESS	2165 HERSCHEL STREET		STREET ADDRESS	2165 Herschel St	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VPD		TITLE		
NAME	Chen, Bai X.		NAME		
STREET ADDRESS	2165 HERSCHEL STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	VPD		TITLE		
NAME	Lee, Edward M.		NAME		
STREET ADDRESS	2165 HERSCHEL STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: <u>Stephen L. Tunstall, MD</u> 3/22/05 904-387-4030 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L58127

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



ATTACHMENT

50032865

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

Mailing Address
2165 HERSCHEL STREET
JACKSONVILLE, FL 32204 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3012384

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Delete
NAME KOEHLER, DAVID C
STREET ADDRESS 2165 HERSCHEL STREET
CITY-ST-ZIP JACKSONVILLE, FL

TITLE P ☐ Change ☐ Addition
NAME Tunstill, Stephen L.
STREET ADDRESS 2165 Herschel St
CITY-ST-ZIP Jacksonville, FL 32204

TITLE ST ☐ Delete
NAME PERRY, PHIL C
STREET ADDRESS 2165 HERSCHEL STREET
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VPD ☐ Change ☐ Addition
NAME Donovan, Kevin
STREET ADDRESS 2165 Herschel St
CITY-ST-ZIP Jacksonville, FL 32204

TITLE VPD ☐ Delete
NAME CHAPMAN, JAMES G
STREET ADDRESS 2165 HERSCHEL STREET
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VPD ☐ Change ☐ Addition
NAME Greene, Roger W.
STREET ADDRESS 2165 Herschel St
CITY-ST-ZIP Jacksonville, FL 32204

TITLE VPD ☐ Delete
NAME ROCES, ARMANDO J
STREET ADDRESS 2165 HERSCHEL STREET
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VPD ☐ Change ☐ Addition
NAME Smith, William T.
STREET ADDRESS 2165 Herschel St
CITY-ST-ZIP Jacksonville, FL 32204

TITLE VPD ☐ Delete
NAME GODBOLDT, ANTHONY O
STREET ADDRESS 2165 HERSCHEL STREET
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VPD ☐ Change ☐ Addition
NAME Harding, Katherine A.
STREET ADDRESS 2165 Herschel St
CITY-ST-ZIP Jacksonville, FL 32204

TITLE VPD ☐ Delete
NAME SOHA, WALTER M
STREET ADDRESS 2165 HERSCHEL STREET
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VPD ☐ Change ☐ Addition
NAME Kerr, James K. III
STREET ADDRESS 2165 Herschel St
CITY-ST-ZIP Jacksonville, FL 32204

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen L. Tunstill, MD 3/22/05 904-387-4030

Date

Daytime Phone #