## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 31, 2005 8:00 am Secretary of State 03-31-2005 90059 037 \*\*\*150.00

DOCUMENT # L58127  1. Entity Name NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.											
Principal Place	of Business	Mailing Address							5003	2865	
2165 HERSCHEL STREET JACKSONVILLE, FL 32204 US		2165 HERSCHEL STREET JACKSONVILLE, FL 32204 US				-	Siles resal state tiest ten	I BIBN 81811 81 <b>8</b> 1		m unu	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<u> </u>	01252005	Chg-P	CR2E03	34 (10/03)		
City & State		City & State			4. FEI Number 59-3012384				<del></del>	plied For Applicable	
Zip	Country	Zip	Coun	try		5. Certificate	of Status Desired		\$8.75 Addi Fee Required		
Name and Address of Current Registered Agent					7-7	. Name and	Address of New F	Registered A	gent		
AKEL, EDWARD C.				Name							
2301 INDE	PENDENT SQUARE VILLE, F;L, FL 32202		,			Street Address (P.O. Box Number is Not Acceptable)					
		,				•				İ	
				City				FL	Zip Code	)	
<ol> <li>The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.</li> </ol>					gistered	agent, or bot	h, in the State of Fl	orida. 1 am f	amiliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.						O May Be to Fees					
10.	VPD OFFICERS AND	<del></del>	11.			ADDITIONS/	CHANGES TO OF	FICERS AND			
TITLE NAME STREET ADDRESS	Rosenberg, Lee 2165 HERSCHEL STREET	D Deteta		TE EET ADDRESS	216	tt, Jo 5 Hers	chel St		Change	Addition	
CITY-ST-ZIP	JACKSONVILLE, FL		-1-		Jac.	ksonvi	lle, FL	3220			
NAME STREET ADDRESS CITY-ST-ZIP	VPD Patterson, Sara 2165 HERSCHEL STREET JACKSONVILLE, FL	□ Delete h L.		NE V	VPD Will Zib Jac	Liams 5 Hers ksonvi	Bradley chelst lle, FL	G. 3220	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ponte, Robert A 2165 HERSCHEL STREET JACKSONVILLE, FL	☐ Delete	TITL NAM STR	E STADORESS	VPD Bosy 216	well, 5 Hers	Bruce B schel St	. 3220	Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	□ Delete Jr.	nal Str	E YEET ADORESS	VPD Boge	gs, Ra 5 Hers	alph B. schel St	3220	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Chen, Bai X, 2165 HERSCHEL STREET JACKSONVILLE, FL	☐ Deliste	TITL NAA STR	E					☐ Change	Addition	
TITLE NAME STREET ADDRESS	VPD Lee, Edward M. 2165 HERSCHEL STREET	☐ Delete	. TITE NAA STR						☐ Change	Addition	

12. I hereby certify that the information shoplied 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 extrustee 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.

CITY-ST-ZIP.

SIGNATURE:

JACKSONVILLE, FL

CITY-ST-ZIP

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

RE AND TYPED OF

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # L58127 1. Entity Name NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A. 50032865 Mailing Address Principal Place of Business 2165 HERSCHEL STREET 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) Chg-P 01252005 Applied For City & State City & State 4. FEI Number Not Applicable 59-3012384 Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AKEL, EDWARD C. Street Address (P.O. Box Number is Not Acceptable) 2301 INDEPENDENT SQUARE JACKSONVILLE, F;L, FL 32202 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE Delete TITLE Tunstill, Stephen L. KOEHLER, DAVID C NAME NAME 2165 Herschel St 2165 HERSCHEL STREET STREET ADDRESS STREET ADDRESS 32204 Jacksonville, FL JACKSONVILLE, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete Donovan, Kevin 2165 Herschel St NAME PERRY, PHIL C NAME 2165 HERSCHEL STREET STREET ADDRESS STREET ADDRESS Jacksonville, FL 32204 CITY-ST-ZIP . JACKSONVILLE, FL CITY-ST-ZIP VPD TITLE VPD ☐ Change Addition TITLE ☐ Delete CHAPMAN, JAMES G NAME NAME Greene, Roger W. STREET ADDRESS 2165 HERSCHEL STREET STREET ADDRESS 2165 Herschel St CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP 32204 Jacksonville, FL VPD TITI F ☐ Change ☐ Addition ☐ Detete TITLE VPD ROCES, ARMANDO J NAME NAME Smith, William T. STREET ADDRESS STREET ADDRESS 2165 HERSCHEL STREET-2165 Herschel St CITY-\$T-ZIP CITY-ST-ZIP JACKSONVILLE, FL Jacksonville, FL 32204 Change Addition TITLE ☐ Delete TITLE VPDHarding, Katherine A. GODBOLDT, ANTHONY O NAME NAME 2165 Herschel St STREET ADDRESS 2165 HERSCHEL STREET STREET ADDRESS 32204 CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP Jacksonville, FL **VPD** ☐ Change Addition TITLE ☐ Delete TITLE SOHA, WALTER M Kerr, James K. 2165 Herschel St III NAME NAME 2165 HERSCHEL STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP Jacksonville, FL 32204 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 of 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 of supplied with an an officer or director of the corporation or the received 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.