

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90070 007 \*\*\*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**

**40042170**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152008 Chg-P CR2E034 (12/06)

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**

**7. Name and Address of New Registered Agent**

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

Name  
**Wodrich, Michael A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1301 Riverplace Boulevard  
Suite 1500**

City  
**Jacksonville FL** Zip Code  
**32207**

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, 2008 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	T KOEHLER, DAVID C 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHAPMAN, JAMES G 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROCES, ARMANDO J 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GODBOLDT, ANTHONY O 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOHA, WALTER M 2165 HERSCHEL STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Donovan, Kevin L. 2165 Herschel Street Jacksonville, FL 32204	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Tunstill, Stephen L 2165 Herschel Street Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Greene, Roger w 2165 Herschel Street Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Smith, William T Jr. 2165 Herschel Street Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Harding, Katherine A. 2165 Herschel Street Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kerr, J. Knox III 2165 Herschel Street Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Rosenberg, Lee D. 2165 Herschel Street Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #


**4/10/08** **904-387-4030**

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

<b>DOCUMENT # L58127</b> 1. Entity Name <b>NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.</b>					
Principal Place of Business <b>2165 HERSCHEL STREET JACKSONVILLE, FL 32204 US</b>			Mailing Address <b>2165 HERSCHEL STREET JACKSONVILLE, FL 32204 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3012384</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>AKEL, EDWARD C. 2301 INDEPENDENT SQUARE JACKSONVILLE, FL 32202</b>				Name <b>Wodrich, Michael A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1301 Riverplace Boulevard</b> Suite 1500 City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32207</b>	
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 required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Patterson, Sarah L 2165 HERSCHEL STREET JACKSONVILLE, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Williams, Bradley G 2165 Herschel Street Jacksonville, FL 32204</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Ponte, Robert A 2165 HERSCHEL STREET JACKSONVILLE, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Boswell, Bruce B 2165 Herschel Street Jacksonville, FL 32204</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Crum, Paul M Jr. 2165 HERSCHEL STREET JACKSONVILLE, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Boggs, Ralph B. 2165 Herschel Street Jacksonville, FL 32204</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Chen, Bai X 2165 HERSCHEL STREET JACKSONVILLE, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Flanagan, John C 2165 Herschel Street Jacksonville, FL 32204</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Lee, Edward M 2165 HERSCHEL STREET JACKSONVILLE, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Moret, Jason A. 2165 Herschel Street Jacksonville, FL 32204</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Scott, John D 2165 Herschel Street Jacksonville, FL 32204</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Stevenson, Matthew S. 2165 Herschel Street Jacksonville, FL 32204</b>
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SIGNATURE:			DATE: <b>MAR 08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # <b>904-387-4030</b>		

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ATTACHMENT

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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

01152008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3012384	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AKEL, EDWARD C. 2301 INDEPENDENT SQUARE JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name: Wodrich, Michael A. Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Boulevard Suite 1500 City: Jacksonville FL Zip Code: 32207
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 2165 HERSCHEL STREET JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Baggett, Jason J 2165 Herschel Street Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VPD 2165 HERSCHEL STREET JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Salomone, Matthew M. 2165 Herschel Street Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VPD 2165 HERSCHEL STREET JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lineberry, Paul J 2165 Herschel Street Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VPD 2165 HERSCHEL STREET JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VPD 2165 HERSCHEL STREET JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: 	Date: 4 MAR 10	Daytime Phone #: 904-387-4030
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