

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L58127

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.

**Current Principal Place of Business:**

2165 HERSCHEL STREET  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

2165 HERSCHEL STREET  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

**FEI Number:** 59-3012384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODRICH, MICHAEL A  
1301 RIVERPLACE BOULEVARD  
JACKSONVILLE, FL 32208 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CFO  
**Name:** KOEHLER, DAVID C  
**Address:** 2165 HERSCHEL STREET  
**City-St-Zip:** JACKSONVILLE, FL

**Title:** VPD  
**Name:** CHAPMAN, JAMES G  
**Address:** 2165 HERSCHEL STREET  
**City-St-Zip:** JACKSONVILLE, FL

**Title:** VPD  
**Name:** ROCES, ARMANDO J  
**Address:** 2165 HERSCHEL STREET  
**City-St-Zip:** JACKSONVILLE, FL

**Title:** VPD  
**Name:** GODBOLDT, ANTHONY O  
**Address:** 2165 HERSCHEL STREET  
**City-St-Zip:** JACKSONVILLE, FL

**Title:** VPD  
**Name:** SOHA, WALTER M  
**Address:** 2165 HERSCHEL STREET  
**City-St-Zip:** JACKSONVILLE, FL

**Title:** VPD  
**Name:** TUNSTILL, STEPHEN L  
**Address:** 2165 HERSCHEL STREET  
**City-St-Zip:** JACKSONVILLE, FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DAVID C KOEHLER,MD

CFO

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

L58127

1/17/11

<b>North Florida Anesthesia Consultants, P.A.</b>		
<b>59-3012384</b>		
<b>Partner Name</b>		
Baggett, Jason J. DO	VP	
Boggs, Ralph B. MD	VP	
Boswell, Bruce B. DO	VP	
Brady, Tricia N. MD	VP	
Chen, Bai X MD	VP	
Crum, Jr., Paul M. MD	VP	
Donovan, Kevin L. MD	CEO	
Dudley, Michael E. MD	VP	
Ebener, Robert V. DO	VP	
Flanagan, John C. MD	VP	
Garcia, Ronda J. MD	VP	
Greene, Roger W. MD	VP	
Grubor, Milosh MD	VP	
Harding, Katherine A. MD	SECRETARY	
Kerr, III, J. Knox MD	VP	
Lee, Edward M. MD	VP	
Moret, Jason A. MD	VP	
Patterson, Sarah L. MD	VP	
Ponte, Robert A. MD	VP	
Rosenberg, Lee D. MD	VP	
Salomone, Matthew M. MD	VP	
Scott, John D. MD	VP	
Smith, William T. MD	VP	
Stevenson, Matthew S. MD	VP	
Williams, Bradley G. MD	VP	