2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L83352

1. Entity Name
PEACE RIVER ANESTHESIOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
4054 BEAVER LN #7 PORT CHARLOTTE, FL 33952 US	PO BOX 510626 PUNTA GORDA, FL 33951 US

03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0200858
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KAPLAN, HAROLD E
1515 UNIVERSITY DR.
SUITE 214
CORAL SPRINGS, FL 33071

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	POLLIZZI, ANTHONY
STREET ADDRESS	PO BOX 510626
CITY-ST-ZIP	PUNTA GORDA, FL 339510626
TITLE	VD
NAME	FORENSKY, JAMES P
STREET ADDRESS	PO BOX 510626
CITY-ST-ZIP	PUNTA GORDA, FL 339510626
TITLE	D
NAME	WYNN, VANDER
STREET ADDRESS	PO BOX 510626
CITY-ST-ZIP	PUNTA GORDA, FL 339510626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80057-017 150.00

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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: Anthony Pollizzi 4-17-06 941-575-8227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #