

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L83352

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



Principal Place of Business
**4054 BEAVER LN #7
PORT CHARLOTTE, FL 33952 US**

Mailing Address
**PO BOX 510626
PUNTA GORDA, FL 33951 US**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0200858	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$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**

**DO NOT WRITE
IN THIS SPACE**

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	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	

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03/17/08-80003-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #

James Forensky 2-29-08 941-625-1951