

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90087 002 \*\*\*150.00

DOCUMENT # M70013

1. Corporation Name

ANESTHESIA CONSULTANTS, P.A.

Principal Place of Business

~~4048 EVANS AVE~~  
~~S-202B~~  
~~FT. MYERS FL 33907~~  
US

Mailing Address

P.O. BOX 60185  
FT. MYERS FL 33906  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/29/1988

4. FEI Number

65-0033402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 ~~8660 Collier Pkwy~~

22 Suite, Apt. #, etc.  
310

23 City & State  
FT. MYERS FL

24 Zip  
33919

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip  
30 Country

9. Name and Address of Current Registered Agent

CANNATA, ROSETTA V., M.D.P.A.  
14400-B CLEVELAND AVE.  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 Suite 310  
84 City  
FT. MYERS FL 85 Zip Code  
33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CANNATA, DR. ROSETTA V.  
STREET ADDRESS 134 MARYS CHAPEL CT  
CITY-ST-ZIP OSPREY FL

TITLE D  
NAME VODILA, EDWARD J.  
STREET ADDRESS 134 MARYS CHAPEL CT.  
CITY-ST-ZIP OSPREY FL

TITLE V  
NAME DLUZENESKI, JOHN M  
STREET ADDRESS 1119 DEERDON DRIVE  
CITY-ST-ZIP VENICE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 19 99

941-415-9199

Date

Daytime Phone #

CR2E034 (11/98)