2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052972

Title:

Name:

Address:

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Entity Name: SPARTAN ANESTHESIA ASSOCIATES, P.A.

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RENTZ, MARCIA M M.D.

BRADENTON, FL 34212

140 NEW BRITON CT

FILED Jan 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8700 DUNMORE DR SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 8700 DUNMORE DR SARASOTA, FL 34231 FEI Number: 65-1018177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIWEK, DONALD J M.D. DITARANTO, MICHAEL A M.D. 8700 DUNMORE DRIVE 8956 BLOOMFIELD BLVD. SARASOTA, FL 34238 SARASOTA, FL 34231 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: MICHAEL DITARANTO, M.D. 01/13/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DITARANTO, MICHAEL A M.D. Name: Name: 8700 DUNMORE DR Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL DITARANTO, M.D. D 01/13/2005

() Change () Addition