

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000054166

1. Entity Name
NATURE COAST ANESTHESIA PROVIDERS, P.A.



Principal Place of Business
**13940 HWY 441
BLDG 500, SUITE 503
LADY LAKE, FL 32159**

Mailing Address
**PO BOX 1746
LADY LAKE, FL**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3646481	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, WILLIAM
116 SHADY BRANCH TRAIL
ORMOND BEACH, FL 32174**

**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, 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	D
NAME	JONES, WILLIAM
STREET ADDRESS	116 SHADY BRANCH TRL
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	
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CITY-ST-ZIP	

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000000424266
02/18/06-80040-015 150.00

**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: *William Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-06