2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/16/2007-90207-033-$50.00-$50.00

DOCUMENT # P00000054166

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

FILED
2007 FEB 12 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01032007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
13940 HWY 441 BLDG 500, SUITE 503 LADY LAKE, FL 32159	POST OFFICE BOX 490210 LEESBURG, FL 34749-0210

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2862 W. Main St	
Suite, Apt. #, etc.: Building 1	Suite, Apt. #, etc.
City & State: Leesburg FL	City & State
Zip: 34748 Country: LAKE	Zip Country

4. FEI Number: 59-3646481 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 5 Circle Oaks Trail

City: Ormond Bch FL Zip Code: 32174

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, WILLIAM 116 SHADY BRANCH TRL ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5 Circle oaks Trail Ormond Bch FL 32174
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 2/15/07	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 1/8/07 800 778-6623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #