

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000110550 1. Entity Name NORTH TAMPA ANESTHESIA CONSULTANTS, P.A.	
---	---

Principal Place of Business
**DEPT. OF ANESTHESIA
55 PONCE DE LEON BLVD
BROOKSVILLE, FL 34601**

Mailing Address
**4519 GEORGE RD
SUITE 100
TAMPA, FL 33634**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3683974	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUGG, JOSEPH W.N.
100 SOUTH ASHLEY DRIVE SUITE 1500
TAMPA, FL 33602**

**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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	D LOMBARDI, CHRISTOPHER J MD 55 PONCE DE LEON BLVD BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEREZ, GABRIEL 55 PONCE DE LEON BLVD BROOKSVILLE, FL 34605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000396347
01/30/06-80004-007 158.75

**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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR