

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110550

FILED
Feb 06, 2012
Secretary of State

Entity Name: NORTH TAMPA ANESTHESIA CONSULTANTS, P.A.

Current Principal Place of Business:

17240 CORTEZ BLVD
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

8390 CHAMPIONSGATE BLVD
SUITE 306
CHAMPIONSGATE, FL 33896

New Mailing Address:

FEI Number: 59-3683974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRACTICEWORX
8390 CHAMPIONSGATE BLVD
306
CHAMPIONSGATE, FL 33896 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: LOMBARDI, CHRISTOPHER J MD
Address: 17240 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D
Name: PEREZ, GABRIEL
Address: 17240 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D
Name: GIAMMATTEI, CARLOS MD
Address: 17240 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34601

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER LOMBARDI

D

02/06/2012

Electronic Signature of Signing Officer or Director

Date