

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043878

FILED  
Apr 19, 2006  
Secretary of State

**Entity Name:** MIDDLE KEYS ANESTHESIA ASSOCIATES, P.A.

**Current Principal Place of Business:**

103 PIRATES COVE  
MARATHON, FL 33050

**New Principal Place of Business:**

**Current Mailing Address:**

103 PIRATES COVE  
MARATHON, FL 33050

**New Mailing Address:**

**FEI Number:** 65-1112847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENYHART, ANDREW W ESQ.  
160 MCLEOD STREET  
MERRITT ISLAND, FL 32953 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** PETTIT, HARLAN E M.D.  
**Address:** 103 PIRATES COVE  
**City-St-Zip:** MARATHON, FL 33050

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**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 Chapter 119, 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:** HARLAN E. PETTTIT

CEO

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date