2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000082331

1. Entity Name
LAKE COUNTY ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
114-B EAST DIXIE AVENEU LEESBURG, FL 34748	114-B EAST DIXIE AVENEU LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3739273
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADEL, GARRY D
4 S.E. BROADWAY
OCALA, FL 34471

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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, 2004 Fee will be $550.00

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

U00000116568
04/16/04-80070-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GIOVANELLI, RICHARD
STREET ADDRESS	6464 SW 21 COURT ROAD
CITY-ST-ZIP	OCALA, FL 34474
TITLE	VTD
NAME	COLE, TERRY L
STREET ADDRESS	1519 S.E. 24 AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VD
NAME	TSAO, MING-JYI
STREET ADDRESS	3436 SW 58 STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	VSD
NAME	MALNASI, LESLIE
STREET ADDRESS	4160 S.W. 20 AVE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Terry L. Cole 4.14.04 352.315 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Terry L. Cole