

**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.	
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Principal Place of Business 114-B EAST DIXIE AVENUE LEESBURG, FL 34748	Mailing Address 114-B EAST DIXIE AVENUE LEESBURG, FL 34748
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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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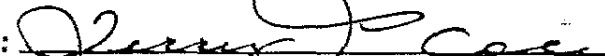
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title 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	U000000116568 04/16/04-80070-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIOVANELLI, RICHARD 6464 SW 21 COURT ROAD OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COLE, TERRY L 1519 S.E. 24 AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TSAO, MING-JYI 3436 SW 58 STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MALNASI, LESLIE 4160 S.W. 20 AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4.14.04 Date	350-315 9000 Daytime Phone #
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Terry L. Cole