


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90146 014 \*\*\*150.00


**DOCUMENT # P01000082331**

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



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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**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3739273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**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, 2005 Fee will be \$550.00**

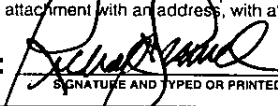
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	

**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:  DATE: 2/24/05 DAYTIME PHONE: 352 267 3195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR