


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 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 AVENUE      114-B EAST DIXIE AVENUE  
 LEESBURG, FL 34748      LEESBURG, FL 34748

**DO NOT WRITE IN THIS SPACE**



03102006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3739273      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 5464 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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 03/31/06-80024-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 files empowered.

SIGNATURE: Terry L Cole      3.10.06      Date  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #