


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

**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



02152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2007 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**

U000006889188  
04/11/07-80018-009 150.00

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 like empowered.

SIGNATURE: Terry L. Cole Terry L. Cole 4/3/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #