2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082331

MALNASI, LÈSLIE

4160 S.W. 20 AVE

OCALA, FL 34474

Name:

Address:

City-St-Zip:

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

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
114-B EAST DIXIE AVENEU			114-B EAST DIXIE AVENUE	
LEESBUR	RG, FL 34748		LEESBURG, FL 347	48
Current Mailing Address:			New Mailing Address:	
114-B EAST DIXIE AVENEU LEESBURG, FL 34748		114-B EAST DIXIE AVENUE LEESBURG, FL 34748		
FEI Number	: 59-3739273	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
ADEL, GA 4 S.E. BRO OCALA, F	OADWAY	8		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
SIGNATU	RE:			
	Electro			
	Licotioi	nic Signature of Registered Ag	ent	Date
Election Ca		nic Signature of Registered Agog Trust Fund Contribution ().	ent	Date
		g Trust Fund Contribution().		Date BES TO OFFICERS AND DIRECTOR
	mpaign Financin S AND DIREC	g Trust Fund Contribution (). CTORS:	ADDITIONS/CHANG	
OFFICER Title: Name:	mpaign Financin S AND DIREC PD (GIOVANELLI, F	g Trust Fund Contribution (). TORS: Delete RICHARD	ADDITIONS/CHANG Title: Name:	SES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address:	mpaign Financin S AND DIREC PD (GIOVANELLI, I 6464 SW 21 C	g Trust Fund Contribution (). TORS: Delete RICHARD OURT ROAD	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTOR
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TERRY L. COLE VTD 03/17/2009