

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082331

FILED
Apr 12, 2011
Secretary of State

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

Current Principal Place of Business:

114-B EAST DIXIE AVENUE
LEESBURG, FL 34748

New Principal Place of Business:

1023 MELLATHON CIRCLE
LEESBURG, FL 34748

Current Mailing Address:

P. O. BOX 491529
LEESBURG, FL 34749

New Mailing Address:

FEI Number: 59-3739273 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ADEL, GARRY D
4 S.E. BROADWAY
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GIOVANELLI, RICHARD
Address: 6464 SW 21 COURT ROAD
City-St-Zip: Ocala, FL 34474

Title: VTD
Name: COLE, TERRY L
Address: 1519 S.E. 24 AVE
City-St-Zip: Ocala, FL 34471

Title: VD
Name: TSAO, MING-JYI
Address: 3436 SW 58 STREET
City-St-Zip: Ocala, FL 34474

Title: VSD
Name: MALNASI, LESLIE
Address: 4160 S.W. 20 AVE
City-St-Zip: Ocala, FL 34474

I hereby 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 all other like empowered.

SIGNATURE: TERRY L. COLE

VTD

04/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date