


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90187 025 \*\*\*150.00

<b>DOCUMENT # P01000086389</b> 1. Entity Name <b>DAVENPORT ANESTHESIOLOGY ASSOCIATES, P.A.</b>					
Principal Place of Business <b>4054 BEAVER LANE #7 PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>4054 BEAVER LANE #7 PORT CHARLOTTE, FL 33952</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country			3. Mailing Address <b>P.O. Box 510626</b> Suite, Apt. #, etc. City & State <b>Punta Gorda, FL</b> Zip      Country <b>33950      Charlotte</b>		
			03032005      Chg-P      CR2E034 (10/03)		
			4. FEI Number <b>65-1137758</b>		Applied For <input type="checkbox"/> 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  <b>KAPLAN, HAROLD E ESQ 1515 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>POLLIZZI, ANTHONY 4054 BEAVER LANE #7 PORT CHARLOTTE, FL 33952</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____			4-7-2005      941-575-8227		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		

**50036326**

