

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000104507**

1. Entity Name  
**FLORIDA ANESTHESIA ADMINISTRATORS  
ASSOCIATION, INC.**



Principal Place of Business  
**1408 WASHINGTON BLVD NW  
LAKE PLACID, FL 33852**

Mailing Address  
**1408 WASHINGTON BLVD NW  
LAKE PLACID, FL 33852**



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1128389**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MALONEY, JOYCE  
1408 WASHINGTON BLVD NW  
LAKE PLACID, FL 33852**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DENNIS, KELLY
STREET ADDRESS	429 N PALMETTO
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	P
NAME	MILLER, MARCI
STREET ADDRESS	PO BOX 2499
CITY-ST-ZIP	INVERNESS, FL 344512499
TITLE	D
NAME	FINELLI, MARY
STREET ADDRESS	291 SOUTHALL LANE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	ST
NAME	MALONEY, JOYCE
STREET ADDRESS	1408 WASHINGTON BLVD NW
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	FORGIONE, BARBARA
STREET ADDRESS	2000 N. ORANGE AVE SUITE 202
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000183555  
01/19/05-80073-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Joyce Maloney* **Joyce Maloney S/T** 1/13/05 863-465-1941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #