


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90061 041 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1128389	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALONEY, JOYCE 1408 WASHINGTON BLVD NW LAKE PLACID, FL 33852			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, KELLY <input checked="" type="checkbox"/> Delete 429 N PALMETTO LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Waterhouse, Lynda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4949 Tamiami Trail N Suite 206 Naples, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKLEAR, MAREI <input checked="" type="checkbox"/> Delete P.O. BOX 2499 INVERNESS, FL 344512499		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schultz, Krista Marie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2 Columbia Dr Suite A-327 Tampa, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINELLI, MARY <input type="checkbox"/> Delete 291 SOUTHALL LANE MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Finelli, Mary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALONEY, JOYCE <input type="checkbox"/> Delete 1408 WASHINGTON BLVD NW LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORGIONE, BARBARA <input type="checkbox"/> Delete 1214 E. CONCORD STREET ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Forgione, Barbara <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: <i>Joyce Maloney</i>			Joyce Maloney		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/20/08 863-465-1941		
<small>Date</small>			<small>Daytime Phone #</small>		