

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90009 004 ***150.00

DOCUMENT # P01000119010

1. Entity Name
AESTHETIC ANESTHESIA ASSOCIATES, P.A.



Principal Place of Business
**17166 GULF PINE CIR
WELLINGTON, FL 33414**

Mailing Address
**17166 GULF PINE CIR
WELLINGTON, FL 33414**

44015347



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-1159622

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDFINGER, DAVID
17166 GULF PINE CIR.
WELLINGTON, FL 33414**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GOLDFINGER, DAVID MD**
STREET ADDRESS **17166 GULF PINE CIR**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARTINEZ, RICARDO MD**
STREET ADDRESS **17166 GULF PINE CIR**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **~~SMITH, RONALD MD~~**
STREET ADDRESS **17166 GULF PINE CIR**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BROWN, GLENNON MD**
STREET ADDRESS **17166 GULF PINE CIR**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KUCHCIAK, ANDRZEJ MD**
STREET ADDRESS **17166 GULF PINE CIR**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

DAVID GOLDFINGER, MD

3-1-04

561.790.2252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #