


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90186 026 ***158.75

DOCUMENT # P02000109001 1. Entity Name ANESTHESIA UNLIMITED, INC.					
Principal Place of Business 801 E. 6TH STREET SUITE 205-A PANAMA CITY, FL 32401			Mailing Address 801 E. 6TH STREET SUITE 205-A PANAMA CITY, FL 32401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3761966			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAMSEY, MAXINE 801 E. 6TH STREET SUITE 205-A PANAMA CITY, FL 32401			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 DALY, JOHN W D.O. 801 E. 6TH STREET SUITE 205-A PANAMA CITY, FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - NATHAN NOWAK, M.D. 801 E. 6TH STREET SUITE 205-A PANAMA CITY, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANISCALCO, JOE M M.D. 801 E. 6TH STREET SUITE 205-A PANAMA CITY, FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - ROGER J. SPENCER, M.D. " " "	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRADEL, BRIAN K M.D. 801 E. 6TH STREET SUITE 205-A PANAMA CITY, FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - ROSS LEVINE, M.D. " " " "	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANDY, STEVEN E M.D. 801 E. 6TH STREET SUITE 205-A PANAMA CITY, FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - FRANK JONES, M.D. " " " "	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROAKE, BRIAN J M.D. 801 E 6TH STREET SUITE 205-A PANAMA CITY, FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - ANTHONY CHILLURA, M.D. " " " "	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZWINGELBERG, KEITH M M.D. 801 E 6TH STREET SUITE 205-A PANAMA CITY, FL 32401	<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>Brian K. Kradel</i> BRIAN K. KRADEL, M.D. 4/24/06 850-785-3125					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					