

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90195 048 \*\*\*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

60034061



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
59-3761966

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

RAMSEY, MAXINE  
801 E. 6TH STREET  
SUITE 205-A  
PANAMA CITY, FL 32401

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, 2008 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	<input checked="" type="checkbox"/> Delete
NAME	DALY, JOHN W.D.O.	
STREET ADDRESS	801 E. 6TH STREET SUITE 205-A	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANISCALCO, JOE M.M.D.	
STREET ADDRESS	801 E. 6TH STREET SUITE 205-A	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRADEL, BRIAN K.M.D.	
STREET ADDRESS	801 E. 6TH STREET SUITE 205-A	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANDY, STEVEN E.M.D.	
STREET ADDRESS	801 E. 6TH STREET SUITE 205-A	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROAKE, BRIAN J.M.D.	
STREET ADDRESS	801 E. 6TH STREET SUITE 205-A	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZWINGELBERG, KEITH M.M.D.	
STREET ADDRESS	801 E. 6TH STREET SUITE 205-A	
CITY-ST-ZIP	PANAMA CITY, FL 32401	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATHAN NOWAK	
STREET ADDRESS	801 E. 6TH ST. SUITE 205A	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER J. SPENCER, M.D.	
STREET ADDRESS	" " "	
CITY-ST-ZIP	" " "	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS S. LEVINE, M.D.	
STREET ADDRESS	" " "	
CITY-ST-ZIP	" " "	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK R. JONES, M.D.	
STREET ADDRESS	" " "	
CITY-ST-ZIP	" " "	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY B. CHILLURA, M.D.	
STREET ADDRESS	" " "	
CITY-ST-ZIP	" " "	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Brian K. Kradel BRIAN K. KRADEL, M.D. 4/25/08 850-785-3185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #