


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90008 038 \*\*\*150.00

<b>DOCUMENT # P03000049848</b> 1. Entity Name <b>UNIVERSITY ANESTHESIA, P.A.</b>			
Principal Place of Business <b>4183 BAY BEACH LANE #384</b> <b>FT. MYERS BEACH, FL 33931</b> US		Mailing Address <b>P.O. BOX 7346</b> <b>FT. MYERS, FL 33911-9998</b>	
2. Principal Place of Business <b>8437 Southwind Bay Cir.</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Ft. Myers, FL</b>		City & State	
Zip <b>33908-6032</b> Country <b>USA</b>		Zip    Country	
4. FEI Number <b>55-0828735</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WHITESMAN, GUY E</b> <b>1715 MONROE STREET</b> <b>FT. MYERS, FL 33902</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>HEDDEN, MICHAEL MD</b> STREET ADDRESS <b>4183 BAY BEACH LANE #384</b> CITY-ST-ZIP <b>FT. MYERS BEACH, FL 33931</b>	<input type="checkbox"/> Delete	TITLE <b>8437 Southwind Bay Circle</b> NAME <b>Ft. Myers, FL 33908-6032</b> STREET ADDRESS <b>8437 Southwind Bay Circle</b> CITY-ST-ZIP <b>Ft. Myers, FL 33908-6032</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>HEDDEN, TERESA</b> STREET ADDRESS <b>4183 BAY BEACH LANE #384</b> CITY-ST-ZIP <b>FT. MYERS BEACH, FL 33931</b>	<input type="checkbox"/> Delete	TITLE <b>8437 Southwind Bay Circle</b> NAME <b>Ft. Myers, FL 33908-6032</b> STREET ADDRESS <b>8437 Southwind Bay Circle</b> CITY-ST-ZIP <b>Ft. Myers, FL 33908-6032</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>1-6-05</b> Daytime Phone #: <b>239-939-4937</b>	