


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000049848 1. Entity Name UNIVERSITY ANESTHESIA, P.A.	
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Principal Place of Business PO BOX 7346 FORT MYERS, FL 33911-9998 US	Mailing Address P.O. BOX 7346 FT. MYERS, FL 33911-9998
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0828735	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WHITESMAN, GUY E
1715 MONROE STREET
FT. MYERS, FL 33902**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000649461 03/07/07-80050-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEDDEN, MICHAEL MD 12930 VALDOSTA PLACE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEDDEN, TERESA 12930 VALDOSTA PLACE FORT MYERS, FL 33913
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Michael Hedden, M.D. 239-939-4937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #