2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State
04-01-2005 90022 016 ***158.75

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1. Entity Name
ALL SAINTS ANESTHESIA, P.A.

Principal Place of Business	Mailing Address
11377 CORTEZ BLVD. BROOKSVILLE, FL 34613	P.O. BOX 1626 OCALA, FL 34478-1626

03092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	11377 Cortez Blvd. Suite, Apt. #, etc.
City & State	Brooksville, FL 34613 City & State
Zip / Country	34613 / USA Zip / Country

4. FEI Number 59-1183316 ☐ Applied For ☐ Not Applicable

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
SCOTT, GARY L P.O. BOX 1626 OCALA, FL 34478-1626	Name: All Saints Surgery Center, Inc. Street Address (P.O. Box Number is Not Acceptable): 11377 Cortez Blvd. City: Brooksville FL Zip Code: 34613

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 _____ 3/11/05
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, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PYLES, STEPHEN T P.O. BOX 1626 OCALA, FL 344781626	☒ Delete	President James Sachinowicz, MD. 14543 Cortez Blvd. Brooksville, FL 34613	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Vice President Arthur Klatsky III, MD. 11373 Cortez Blvd. #202 Brooksville, FL 34613	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Treasurer Walter Szydlowski, MD 11373 Cortez Blvd. Brooksville, FL 34613	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Secretary Thomas Ward, D.O. 11373 Cortez Blvd. #400 Brooksville, FL 34613	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Director Leonard Cacioppo, M.D. 14543 Cortez Blvd. Brooksville, FL 34613	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Director Michael Guarino 11377 Cortez Blvd Brooksville, FL 34613	☐ Change ☒ 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.

SIGNATURE: _____ 3/14/05 (352)597-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #