

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000096622	
1. Entity Name ALL SAINTS ANESTHESIA & PAIN MANAGEMENT, P.A.	

Principal Place of Business 11377 CORTEZ BLVD. BROOKSVILLE, FL 34613	Mailing Address 11377 CORTEZ BLVD BROOKSVILLE, FL 34613
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1188316	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALL SAINTS SURGERY CENTER, INC 11377 CORTEZ BLVD BROOKSVILLE, FL 34613	DO NOT WRITE IN THIS SPACE
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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.

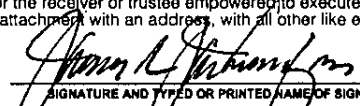
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACHIMOWICA, JAMES MD 14543 CORTEZ BLVD., #202 BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLATAU, ARTHUR III MD 11373 CORTEZ BLVD., #202 BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SZYDLOWSKI, WALTER MD 11373 CORTEZ BLVD. BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARD, THOMAS DO 11373 CORTEZ BLVD., #400 BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CACIOPPO, LEONARD MD 14543 CORTEZ BLVD. BROOKSVILLE, FL 34613
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: 	11/11/08 (352) 597-3260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #