

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90015 027 \*\*\*150.00

<b>DOCUMENT # P04000064097</b> 1. Entity Name <b>SLEEPY HOLLOW ANESTHESIA, INC.</b>			
Principal Place of Business <b>14637 AERIES WAY DRIVE FT. MYERS, FL 33912</b>		Mailing Address <b>14637 AERIES WAY DRIVE FT. MYERS, FL 33912</b>	
2. Principal Place of Business <b>13850 Lake Mahogany Blvd</b>		3. Mailing Address <b>13850 Lake Mahogany Blvd.</b>	
Suite, Apt. #, etc. <b>312</b>		Suite, Apt. #, etc. <b>312</b>	
City & State <b>Ft. Myers, FL</b>		City & State <b>Ft. Myers, FL</b>	
Zip <b>33907</b>		Zip <b>33907</b>	
Country 		Country 	
4. FEI Number <b>20-1018638</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>D'AUGUSTA, DENNIS 14637 AERIES WAY DRIVE FT. MYERS, FL 33912</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>13850 Lake Mahogany Blvd. #312</b> City <b>Ft. Myers, FL</b> Zip Code <b>33907</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD D'AUGUSTA, DENNIS <del>14637 AERIES WAY DRIVE --</del> FT. MYERS, FL 33912	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13850 Lake Mahogany Blvd. #312 Ft. Myers, FL 33907	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Dennis D. Augusta</b>		Date _____ Daytime Phone # _____	

**50000495**



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