

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089804

FILED
Jul 05, 2007
Secretary of State

Entity Name: COLLIER ANESTHESIA PAIN, P.A.

Current Principal Place of Business:

4949 TAMIAMI TRAIL NORTH
SUITE 206
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4949 TAMIAMI TRAIL NORTH
SUITE 206
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-1224861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER ANESTHESIA, P.A.
4949 TAMIMAI TRAIL NORTH
SUITE 206
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COOK, THOMAS L MD
Address: 4949 TAMIAMI TRAIL NORTH, STE 206
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: ANDERSON, LEE MD
Address: 4949 TAMIAMI TRAIL NORTH, STE 206
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: BROOKS, MILLARD MD
Address: 4949 TAMIAMI TRAIL NORTH, STE 206
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: BARILE, MICHAEL MD
Address: 4949 TAMIAMI TRAIL NORTH, STE 206
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: ARRIGO, JOSEPH JR., MD
Address: 4949 TAMIAMI TRAIL NORTH, STE 206
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: LYNDIA, WATERHOUSE
Address: 4949 TAMIAMI TRAIL NORTH, STE 206
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDIA WATERHOUSE

S

07/05/2007

Electronic Signature of Signing Officer or Director

Date