

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089804

FILED  
May 07, 2008  
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:

1336 CREEKSIDE BLVD.  
SUITE 1  
NAPLES, FL 34108

## Current Mailing Address:

4949 TAMiami TRAIL NORTH  
SUITE 206  
NAPLES, FL 34103

## New Mailing Address:

1336 CREEKSIDE BLVD.  
SUITE 1  
NAPLES, FL 34108

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 TAMiami TRAIL NORTH  
SUITE 206  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

COLLIER ANESTHESIA, P.A.  
1336 CREEKSIDE BLVD.  
SUITE 1  
NAPLES, FL 34108 US

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:

05/07/2008

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: P (X) Change ( ) Addition  
Name: COOK, THOMAS L MD  
Address: 1336 CREEKSIDE BLVD., STE. 1  
City-St-Zip: NAPLES, FL 34108

Title: VP (X) Change ( ) Addition  
Name: ANDERSON, LEE MD  
Address: 1336 CREEKSIDE BLVD., STE. 1  
City-St-Zip: NAPLES, FL 34108

Title: T (X) Change ( ) Addition  
Name: BROOKS, MILLARD MD  
Address: 1336 CREEKSIDE BLVD., STE. 1  
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change ( ) Addition  
Name: BARILE, MICHAEL MD  
Address: 1336 CREEKSIDE BLVD., STE. 1  
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change ( ) Addition  
Name: ARRIGO, JOSEPH JR., MD  
Address: 1336 CREEKSIDE BLVD., STE. 1  
City-St-Zip: NAPLES, FL 34108

Title: S (X) Change ( ) Addition  
Name: LYNDIA, WATERHOUSE  
Address: 1336 CREEKSIDE BLVD., STE. 1  
City-St-Zip: NAPLES, FL 34108

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 M. WATERHOUSE

S

05/07/2008

Electronic Signature of Signing Officer or Director

Date