

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P04000126491

1. Entity Name
MAXIM ANESTHESIA OF FLORIDA, INC.



Principal Place of Business
**9266 NEWMAN CIRCLE
PORT CHARLOTTE, FL 33981**

Mailing Address
**9266 NEWMAN CIRCLE
PORT CHARLOTTE, FL 33981**



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1078878

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, BRIAN
9266 NEWMAN CIRCLE
PORT CHARLOTTE, FL 33981**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000758095
05/23/07-80098-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMMONS, BRIAN 9266 NEWMAN CIRCLE PORT CHARLOTTE, FL 33981
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #