

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166961

Entity Name: NTC ANESTHESIA, P.A.

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

17137 MAGNOLIA ISLAND BLVD
CLERMONT, FL 34711

New Principal Place of Business:

1800 OAKLEY SEAVER DRIVE
CLERMONT, FL 34711

Current Mailing Address:

17137 MAGNOLIA ISLAND BLVD
CLERMONT, FL 34711

New Mailing Address:

14530 TABAGO BAY DR.
WINTER GARDEN, FL 34787

FEI Number: 83-0413633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHIVIZZANI, D SCOT M D
17137 MAGNOLIA ISLAND BLVD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

HUGHES, JULIE H M D
14530 TABAGO BAY DR.
WINTER GARDEN, FL 34787 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: JULIE H. HUGHES

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: GHIVIZZANI, D SCOT M D
Address: 17137 MAGNOLIA ISLAND BLVD
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: HUGHES, JULIE H M D
Address: 17137 MAGNOLIA ISLAND BLVD
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HUGHES, JULIE H M D
Address: 14530 TABAGO BAY DR
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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: THERESA ROSADO

A.A.

01/05/2006

Electronic Signature of Signing Officer or Director

Date