

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90030 048 \*\*\*150.00

<b>DOCUMENT # P05000024570</b> 1. Entity Name DELAND ANESTHESIOLOGY GROUP, INC.					
Principal Place of Business 291 SOUTHHALL LANE STE 201 MAITLAND, FL 32751			Mailing Address 291 SOUTHHALL LANE STE 201 MAITLAND, FL 32751		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-2428069</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SCHICK, DAVID L 301 EAST PINE STREET SUITE 1400 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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, 2008 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, EDWIN G M.D. 291 SOUTHHALL LN, STE 201 MAITLAND, FL 32751 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAGER, BRIAN M.D. 291 SOUTHHALL LANE MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AXELROD, MAC M.D. 291 SOUTHHALL LN, STE 201 MAITLAND, FL 32751 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPALDING, HOWARD K M.D. 291 SOUTHHALL LANE MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MANN, MICHAEL M.D. 291 SOUTHHALL LN, STE 201 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, NORMAN M.D. 291 SOUTHHALL LANE MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIN, DOUGLAS M.D. 291 SOUTHHALL LN, STE 201 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGERT, KEVIN C M.D. 291 SOUTHHALL LANE MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBSON, II M.D., CHRISTOPHER E 291 SOUTHHALL LN, STE 201 MAITLAND, FL 32751 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AXELROD, MAC M.D. 291 SOUTHHALL LANE MAITLAND, FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCARIO M.D., THOMAS J 291 SOUTHHALL LN, STE 201 MAITLAND, FL 32751 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, G. EDWIN M.D. 291 SOUTHHALL LANE MAITLAND, FL 32751 <input checked="" 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.					
<b>SIGNATURE:</b> <u>MAC AXELROD, MD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>03/20/08</u> <u>407-667-0444</u> <small>Date Daytime Phone #</small>		