

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000053827

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** CHARLOTTE HARBOR ANESTHESIA P.A.

**Current Principal Place of Business:**

2600 MLK JR STREET NORTH  
600  
ST. PETERSBURG, FL 33704 US

**New Principal Place of Business:**

**Current Mailing Address:**

8130 PERRY MAXWELL CIRCLE  
SARASOTA, FL 34240 US

**New Mailing Address:**

**FEI Number:** 20-2945863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORTORICE, BERNARD M MD  
8130 PERRY MAXWELL CIRCLE  
SARASOTA, FL 34240 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: TORTORICE, BERNARD M MD  
Address: 8130 PERRY MAXWELL CIRCLE  
City-St-Zip: SARASOTA, FL 34240 US

I hereby 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 all other like empowered.

SIGNATURE: BERNARD M TORTORICE, MD

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date