## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 09, 2006 8:00 am Secretary of State

DOCUMENT # P05000158914  1. Entity Name LONETTA ANESTHESIA ,P.A.							03-09-200	6 90156	020 ***1:	50.00
Principal Place of Business 5111 NE 15 AVENUE 48/4 SW 34 TELL. FORT LAUDERDALE, FL 33334 US HOLLYWOOD, FL 33312			Mailing Address  1315 COVENTRY CIRCLE 484 Sw 34 TELL  MELROLIRNE FL 32904 LIS  #OLLY WOOD, FL 333/2			1 19511851		Přot listo i olyska	DIIB (DIVI) FION O	# X0241.31F
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	•	02072006	Chg-P	CR2E(	034 (11/05)		
City & State			City & State			4. FEI Numi		147	<b>—</b>	pplied For ot Applicable
Zip	Zip Country		Zip	Zip Coun		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current R	egistered Agent			7. Name an	d Address of New	Registered	Agent	
LONETTA, CHRISTOPHER  1315 GOVENTRY CIRCLE 4814 SW 34 TERR  MELBOURNE, FL 32004 HOLLYWOOD, FL 33312					Name Street Address	(P.O. Box Numl	ber is Not Acceptab	le)		
		•	•		City			FL	Zip Coo	e
	named entit	y submits this statement for t	he purpose of changing its	register	ed office or registe	red agent, or b	oth, in the State of F		<u> </u>	and accept
SIGNATURE	_		St. Harris (NOT)	F. D. sisters	ed Agent signature require	d when reigntation		DATE		
	Signature, types	or printed name of registered agent an	я шив ії врумсявля. (МОТ	c: vefisinis	d when the sections	D WIEN FEITSLAMIG)	<del>,</del>	DATE	<del>-</del> -	
		FEE IS \$150.00 6 Fee will be \$550.00	Election Campa     Trust Fund Cont	_		.00 May Be ded to Fees				
10.		OFFICERS AND D	IRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	PVST		☐ Delate	าสม	1				Change	☐ Addition
NAME STREET ADDRESS			SW 34 TERR		NE EET ADDRESS					1
CITY-ST-ZIP	MELBOU	RNE, FL 32004- HOLLY	WOOD, FL 33312.		- ST - ZIP			·ē		ļ
TITLE	D	1.=-1	☐ Delete	TITL	E		<u>.</u>		☐ Change	☐ Addition
NAME	LONETTA	a, christopher <del>Ventry circle</del> <b>48/4</b>	SHRY TEAR	NAM	į į					
STREET ADDRESS CITY-ST-ZIP	MELBOU	PNE EL 22004 1/2	JUDI 18KM	STRE	EET ADDRESS '- ST- ZIP					
TITLE	MITTER	RNE, FL 32004- HOLL	<u> </u>	1071					Change	☐ Addition
NAME				NAM					C Similar	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				-	- ST - ZIP					
TITLE NAME			☐ Delete	· TΠLI NAM	<b>I</b>				∐ Change	☐ Addilion
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				CJTY	-ST-ZIP					-
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE					Change	Addition
NAME				NAM	l l					
STREET ADDRESS					ET ADDRESS - ST- ZIP					1
CITY-ST-ZIP			□ Delete	TITLE					☐ Change	Addition
TITLE NAME			LJ Delete	NAMI	!				Cusu <b>it</b> s	☐ Addition /
STREET ADDRESS				4	ET ADDRESS					1
CITY-ST-ZIP				CITY-	- ST - ZIP					
12. I hereby of indicated of the corchanged,	certify that the on this repo poration or the or on an atta	e information supplied with the root of supplemental report is true receiver entrustee empower achieves, with an address, with a address and a supplementation of the su	nis filing does not qualify to ue and accurate and that mered to execute this report h all other like expowered.	r the exe ny signat as requir	emptions contained ture shall have the red by Chapter 607	d in Chapter 11: same legal effect 7, Florida Statute	9, Florida Statutes. I ct as if made under o es; and that my name	further certi bath; that I ar e appears in	fy that the in n an officer of Block 10 or	formation or director Block 11 if