2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000165510

1. Entity Name
K. NESBITT ANESTHESIA PA

Principal Place of Business	Mailing Address
8078 NW 2ND STREET	8078 NW 2ND STREET
OCALA, FL 34482 US	OCALA, FL 34482 US

DO NOT WRITE IN THIS SPACE

01262008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-4042508		Not Applicable

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

6. Name and Address of Current Registered Agent

NESBITT, KIMBERLY S
8078 NW 2ND STREET
OCALA, FL 34482

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, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000842164
03/11/08=80013=015 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	NESBITT, KIMBERLY S
STREET ADDRESS	8078 NW 2ND STREET
CITY-ST-ZIP	OCALA, FL 34482

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   (352) 572-7974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #