


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90105 002 ***150.00

DOCUMENT # P06000076084			
1. Entity Name VOLUSIA ANESTHESIOLOGY ASSOCIATES, P.A.			
Principal Place of Business 311 W. CLYDE MORRIS BLVD. #350 DAYTONA BEACH, FL 32114		Mailing Address 311 W. CLYDE MORRIS BLVD. #350 DAYTONA BEACH, FL 32114	
2. Principal Place of Business - No P.O. Box # 704 Overlook Trail		3. Mailing Address 704 Overlook Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Orange, FL		City & State Port Orange, FL	
Zip - 32127	Country U.S.	Zip 32127	Country U.S.
6. Name and Address of Current Registered Agent SCHICK, DAVID L ESQ. 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name <u>Robert C. Williams M.D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>704 Overlook Trail</u> City <u>Port Orange</u> FL <u>32127</u>	
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 <u>Robert C. Williams M.D. Pres.</u> DATE <u>4-30-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert C. Williams, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 704 Overlook Trail Port Orange, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD June A. Franz, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 704 Overlook Trail Port Orange, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Denise Wisely, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 704 Overlook Trail Port Orange, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard D. Delaney, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 704 Overlook Trail Port Orange, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stuart J. Doliner, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 704 Overlook Trail Port Orange, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Davor M. Pluscec, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 704 Overlook Trail Port Orange, FL 32127
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: <u>Robert C. Williams M.D.</u>		Date <u>4-30-07</u> Daytime Phone # <u>386 679-1096</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40101401



02282007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4975407 Applied For
Not Applicable

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

ATTACHMENT

40101407

CONTINUATION PAGE ATTACHMENT

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lorraine Ryan, M.D. 704 Overlook Trail Port Orange, FL 32127	<input checked="" type="checkbox"/> Addition
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