

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076084

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: VOLUSIA ANESTHESIOLOGY ASSOCIATES, P.A.

## Current Principal Place of Business:

704 OVERLOOK TR.  
PORT ORANGE, FL 32127

## New Principal Place of Business:

## Current Mailing Address:

704 OVERLOOK TR.  
PORT ORANGE, FL 32127

## New Mailing Address:

FEI Number: 20-4975407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, ROBERT C MD  
704 OVERLOOK TRL.  
PORT ORANGE, FL 32127 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLIAMS, ROBERT C MD  
Address: 704 OVERLOOK TR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: VD ( ) Delete  
Name: FRANZ, JUNE A MD  
Address: 704 OVERLOOK TR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: TSD ( ) Delete  
Name: WISELY, DENISE MD  
Address: 704 OVERLOOK TR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: DELANEY, RICHARD D MD  
Address: 704 OVERLOOK TR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: DOLINER, STUART J MD  
Address: 704 OVERLOOK TR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: PLUSCEC, DAVOR M MD  
Address: 704 OVERLOOK TR.  
City-St-Zip: PORT ORANGE, FL 32127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT C WILLIAMS, MD

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date

Jan 28 09 04:53p

ROBERT C. WILLIAMS, M.D.

3867887696

p.1

Page 2/2

Attachment to 2009 A/R  
# P06 - 76084

1/20/09

January 28, 2009

Mr. Tyrone Scott  
Division of Corporations  
850-245-6017

Mr. Scott:

Per your instructions, I am faxing evidence of our annual report filing for Volusia Anesthesiology Associates, P.A., and requesting that you add our seventh officer to the report.

Lorraine Ryan, M.D. *O*  
704 Overlook Trail  
Port Orange, Florida 32127

Dr. Ryan has been an owner/officer since the corporation was established in July, 2006, but her name was missing due to the filing report being limited to six spaces.

Thank you for your help in this matter.

*Williams M.D.*  
Robert C. Williams, M.D. President  
Volusia Anesthesiology Associates P.A.  
386-679-7696