

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076084

FILED  
Jan 08, 2010  
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 TR.  
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  
**Name:** WILLIAMS, ROBERT C MD  
**Address:** 704 OVERLOOK TR.  
**City-St-Zip:** PORT ORANGE, FL 32127

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

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

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

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

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

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:** ROBERT WILLIAMS

PD

01/08/2010

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

\_\_\_\_\_  
Date

Feb. 12. 2010 10:41AM

Volusia Anesthesiology Associates PA  
704 Overlook Trail  
Port Orange, FL 32127-7501

P060000076084  
B. 1/8/10

February 12, 2010

Division of Corporations  
850-245-6056  
Fax 850-245-6017

To Whom It May Concern:

Per a representative of your office, we are faxing evidence of our annual report filing for Volusia Anesthesiology Associated, P.A. and requesting that you add the seventh officer to the report.

Lorraine Ryan, M.D.  
704 Overlook Trail  
Port Orange, FL 32127

Dr. Ryan has been a director since the corporation was established in July 2006.

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