2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2011
Secretary of State

DOCUMENT# P06000076084

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

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 01/26/2011

Electronic Signature of Signing Officer or Director Date

P06000076084

1-26-11

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

January 28, 2011

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

Re: **Page 2 of 2011 Annual Report**
Volusia Anesthesiology Associates, PA
Document # P06000076084

Please add the following officer to our 2011 Annual Report

Name and Address #7

Title	D
Name	Lorraine Ryan, M.D
Street Address	704 Overlook Trail
City, State	Port Orange, FL
Zip Code & Country	32127

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