2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2012
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 04/09/2012

Electronic Signature of Signing Officer or Director Date