

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088544

FILED  
Jan 10, 2010  
Secretary of State

**Entity Name:** HALIFAX ANESTHESIOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

311 W CLYDE MORRIS BLVD, #350  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

311 W CLYDE MORRIS BLVD, #350  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

**FEI Number:** 20-5141183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHICK, DAVID L  
301 EASE PINE ST  
STE 400  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

PAYNE, DERRICK  
311 NORTH CLYDE MORRIS  
#350  
DAYTONA BEACH, FL 32114 US

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: DERRICK R. PAYNE

01/10/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEV, DAVE, MD  
Address: 311 N. CLYDE MORRIS #350  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP  
Name: PAYNE, DERRICK  
Address: 311 N. CLYDE MORRIS #350  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP  
Name: LIPTON, RICHARD  
Address: 311 N. CLYDE MORRIS #350  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP  
Name: FOX, DAVID  
Address: 311 N. CLYDE MORRIS #350  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP  
Name: RACHMAN, NATHAN  
Address: 311 N. CLYDE MORRIS #350  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP  
Name: HOLLOWAY, DANIELA  
Address: 311 N. CLYDE MORRIS #350  
City-St-Zip: DAYTONA BEACH, FL 32114

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: DERRICK R. PAYNE

MGR

01/10/2010

Electronic Signature of Signing Officer or Director

Date