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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000118468

1. Entity Name
ANESTHESIA ASSOCIATES OF NAPLES, P.A.

Principal Place of Business	Mailing Address
6101 PINE RIDGE ROAD NAPLES, FL 34119	2655 BOLERO DRIVE #1203 NAPLES, FL 34145

01182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0605153 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MINCK, LINDA R 5801 PELICAN BAY BOULEVARD SUITE 300 NAPLES, FL 34108	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Linda R. Minck Linda R. Minck 3-19-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	David G. Whalley 4223 Snowberry Lane Naples, FL. 34119 ☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Myles Alpert 2655 Bolero Drive #1203 Naples, FL. 34109 ☐ Change ☐ Addition
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	John Probaugh 960 Cape Marco Dr. #501 Marco Island, FL. 34145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Deborah Cooper 8128 Las Palmas Way Naples, FL. 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Mitchell Zeitler 6650 Nature Preserve Court Naples FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Chad Purdom 8088 Josesa Way Naples, FL. 34114 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Frederick Torres 2218 Campestre Terrace Naples, FL. 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David G. Whalley President David G. Whalley, President 3.19.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 239-398-4295

As per telephone conversation with Linda Minck on 4/10/07

JC 4/10