

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118468

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

6101 PINE RIDGE ROAD
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

2655 BOLERO DRIVE #1203
NAPLES, FL 34145

New Mailing Address:

FEI Number: 03-0605153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINCK, LINDA R
5801 PELICAN BAY BOULEVARD
SUITE 300
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

ALPERT, MYLES L DO
6101 PINE RIDGE ROAD
NAPLES, FL 34119 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: MYLES L. ALPERT

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHALLEY, DAVID G
Address: 4223 SNOWBERRY LANE
City-St-Zip: NAPLES, FL 34419 US

Title: TD () Delete
Name: TROBAUGH, JOHN
Address: 960 CAPE MARCO DRIVE #501
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: SD () Delete
Name: COOPER, DEBORAH
Address: 8128 LAS PALMAS WAY
City-St-Zip: NAPLES, FL 34109 US

Title: D () Delete
Name: ZEITLER, MITCHELL
Address: 6650 NATURE PRESERVE COURT
City-St-Zip: NAPLES, FL 34109 US

Title: D () Delete
Name: PURDOM, CHAD
Address: 8088 JOSESA WAY
City-St-Zip: NAPLES, FL 34114 US

Title: D () Delete
Name: TORRES, FREDERICK
Address: 2218 CAMPESTRE TERRACE
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PURDOM, CHAD
Address: 8062 WILFREDO COURT
City-St-Zip: NAPLES, FL 34114 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID G. WHALLEY

VD

01/16/2009

Electronic Signature of Signing Officer or Director

Date