## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000118468

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

FILED Jan 20, 2010 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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6101 PINE RIDGE ROAD NAPLES, FL 34119

Current Mailing Address: New Mailing Address:

2655 BOLERO DRIVE #1203 NAPLES, FL 34145

FEI Number: 03-0605153 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: VD

Name: WHALLEY, DAVID G Address: 4223 SNOWBERRY LANE City-St-Zip: NAPLES, FL 34419 US

Title: TD

Name: TROBAUGH, JOHN

Address: 1050 BORGHESE LANE, APT 1706

City-St-Zip: NAPLES, FL 34114 US

Title: SD

Name: COOPER, DEBORAH Address: 8128 LAS PALMAS WAY City-St-Zip: NAPLES, FL 34109 US

Title: [

Name: ZEITLER, MITCHELL

Address: 6650 NATURE PRESERVE COURT

City-St-Zip: NAPLES, FL 34109 US

Title: [

Name: PURDOM, CHAD
Address: 8062 WILFREDO COURT
City-St-Zip: NAPLES, FL 34114 US

Title: D

 Name:
 TORRES, FREDERICK

 Address:
 2218 CAMPESTRE TERRACE

 City-St-Zip:
 NAPLES, FL 34119 US

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: DAVID G. WHALLEY VD 01/20/2010