

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90156 019 ***150.00

DOCUMENT # P06000152479

1. Entity Name

CLINICAL ANESTHESIA CONSULTANTS, PA



Principal Place of Business

3787 PALM VALLEY ROAD
SUITE 102-123
PONTE VEDRA BEACH FL 32082

Mailing Address

643 S PRESERVE VIEW
PONTE VEDRA FL 32081

2. Principal Place of Business - No P.O. Box #

1361 13th Ave South

Suite, Apt. #, etc.

245

City & State
Jacksonville Beach, FL

Zip

32250

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number
NO-T APPLICABLE

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

NOTRICA, MARC A MD
3787 PALM VALLEY ROAD
SUITE 102-123
PONTE VEDRA BEACH FL 32082

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

Signature, typed or printed name of registered agent and title (if applicable).

Marc A. Notrica, P

(NOTE: Registered Agent signature required when re-appointing)

2/29/2008

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NOTRICA, MARC A MD	
STREET ADDRESS	3787 PALM VALLEY ROAD, SUITE 102-123	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOTRICA, MARY L	
STREET ADDRESS	643 SOUTH PRESERVE VIEW	
CITY - ST - ZIP	PONTE VEDRA FL 32081	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc A. Notrica MD, P

2/29/2008 904-5016024

Date

Daytime Phone #