


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 Mailing Address

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

**643 S PRESERVE VIEW
 PONTE VEDRA FL 32081**



2. Principal Place of Business - No P.O. Box #
1361 13th Ave South

3. Mailing Address

Suite, Apt. #, etc.
245

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
Jacksonville Beach, FL

City & State

Zip Country Zip Country

32250

4. FEI Number Applied For

NO-T APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

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

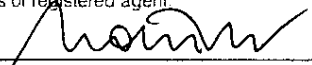
7. Name and Address of New Registered Agent

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  **Marc A. Notrica, P** DATE **2/29/2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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:  **Marc A. Notrica MD, P** Date **2/29/2008** Daytime Phone # **904-501-6024**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #