

FOR PROFIT CORPORATION
ANNUAL REPORT

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FILED

2011 AUG 26 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (1/11)

DOCUMENT #	P10000000831
1. Entity Name	ANY Anesthetic Consultants, P.A.



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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3300 MARBLE CREST DR.	SAME AS #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
N/A	
City & State	City & State
LAND O LAKES, FL	
Zip	Country
34638	U.S.A.

4. FEI Number	Applied For
36-4665195	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name JASON TRUBELL	
	Street Address (P.O. Box Number is Not Acceptable) 3300 MARBLE CREST DR.	
	City LAND O LAKES	FL Zip Code 34638

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	DATE 8/17/11

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	E-mail Address: <u>lusedell@gmail.com</u> E-mail address to be used for future annual report notices.
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	JASON TRUBELL
STREET ADDRESS	3300 MARBLE CREST DR
CITY-ST-ZIP	LAND O LAKES, FL 34638
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000211468650 08/26/11--01015--002 **150.00
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.		
SIGNATURE:	DATE: 8/17/11	Daytime Phone #: 315-380-2405