2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000014142

1. Entity Name
ANESTHESIA CONSULTANTS OF ST. PETERSBURG, P.A.

Principal Place of Business	Mailing Address
ST ANTHONY'S HOSPITAL 1200 7TH AVE N ST. PETERSBURG, FL 33705 US	1200 7TH AVENUE N SAINT PETERSBURG, FL 33705 US

07142005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3152125
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALENTINE, DWIGHT MD.
354 4TH AVENUE
TIERRA VERDE, FL 33715

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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
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'NEILL, JAMES F JR.
STREET ADDRESS	1200 7TH AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	DT
NAME	KNOX, PAUL J MD.
STREET ADDRESS	1200 7TH AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	DC
NAME	LONG, WILLIAM G JR.
STREET ADDRESS	1200 7TH AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	DP
NAME	VALENTINE, DWIGHT D
STREET ADDRESS	1200 7TH AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	D
NAME	MURPHY, JAMES D
STREET ADDRESS	1200 7TH AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/18/05-80010-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Paul J. Knox, MD Paul J. Knox, MD 7/14/05 (727)825-1486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #