

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000014142

FILED
Jul 25, 2006
Secretary of State

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

Current Principal Place of Business:

ST ANTHONY'S HOSPITAL
1200 7TH AVE N
ST. PETERSBURG, FL 33705 US

New Principal Place of Business:

Current Mailing Address:

1200 7TH AVENUE N
SAINT PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: 59-3152125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'NEILL, JAMES F JR.
Address: 1200 7TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33705

Title: DT () Delete
Name: KNOX, PAUL J MD.
Address: 1200 7TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33705

Title: DC () Delete
Name: LONG, WILLIAM G JR.
Address: 1200 7TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33705

Title: DP () Delete
Name: VALENTINE, DWIGHT D
Address: 1200 7TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D (X) Delete
Name: MURPHY, JAMES D
Address: 1200 7TH AVE N
City-St-Zip: ST PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: O'NEILL, JAMES F JR.
Address: 1200 7TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33705

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALMENGUAL, ALAN D
Address: 1200 7TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33705

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL J. KNOX, MD

DT

07/25/2006

Electronic Signature of Signing Officer or Director

_____ Date