

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90021 030 ***150.00

DOCUMENT # P93000054846

1. Entity Name
THE ANESTHESIA GROUP OF SARASOTA, P.A.



Principal Place of Business 5560 BEE RIDGE ROAD SUITE D-3 SARASOTA, FL 34233 US	Mailing Address 5560 BEE RIDGE ROAD SUITE D-3 SARASOTA, FL 34233 US
---	---



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02032005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0522437

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLAU, KENNETH
5560 BEE RIDGE ROAD, SUITE D-3
BLDG A SUITE B
SARASOTA, FL 34233

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 _____ 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
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLAU, KENNETH 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KOZMA, GEORGE 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WANG, JANICE 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUKOFF, CHRISTOPHER D 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEGARE, THOMAS K 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DLUNZNESKI, JOHN S 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 information.

SIGNATURE: _____ **2/9/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
Division of Corporations
Annual Report

40016370

Document Number

P93000054846

Business Entity Name

THE ANESTHESIA GROUP OF SARASOTA, P.A.

FEI Number 650522437
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 5560 BEE RIDGE ROAD
Suite, Apt. #, etc. SUITE D-3
City, State SARASOTA, FL
Zip Code & Country 34233 US

Mailing Address

Address 5560 BEE RIDGE ROAD
Suite, Apt. #, etc. SUITE D-3
City, State SARASOTA, FL
Zip Code & Country 34233 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) BLAU, KENNETH
-or- RA Business Name
Address 5560 BEE RIDGE ROAD, SUITE D-3
Suite, Apt. #, etc. BLDG A SUITE B
City, State SARASOTA, FL
Zip Code & Country 34233 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

ATTACHMENT

Title DP
 Name (Last, First, Middle, Title) BLAU, KENNETH
 -or- Entity Name
 Street Address 5560 BEE RIDGE ROAD, SUITE D-3
 City, State SARASOTA, FL
 Zip Code & Country 34233

40016370
 # P93000054846

Title DV
 Name (Last, First, Middle, Title) KOZMA, GEORGE
 -or- Entity Name
 Street Address 5560 BEE RIDGE ROAD, SUITE D-3
 City, State SARASOTA, FL
 Zip Code & Country 34233

Title DS
 Name (Last, First, Middle, Title) WANG, JANICE
 -or- Entity Name
 Street Address 5560 BEE RIDGE ROAD, SUITE D-3
 City, State SARASOTA, FL
 Zip Code & Country 34233

Title V
 Name (Last, First, Middle, Title) BRUKOFF, CHRISTOPHER, D
 -or- Entity Name
 Street Address 5560 BEE RIDGE ROAD, SUITE D-3
 City, State SARASOTA, FL
 Zip Code & Country 34233

Title V
 Name (Last, First, Middle, Title) LEGARE, THOMAS, K
 -or- Entity Name
 Street Address 5560 BEE RIDGE ROAD, SUITE D-3
 City, State SARASOTA, FL
 Zip Code & Country 34233

Title T
 Name (Last, First, Middle, Title) DLUNZNESKI, JOHN, S
 -or- Entity Name
 Street Address 5560 BEE RIDGE ROAD, SUITE D-3

City, State

SARASOTA, FL

Zip Code & Country

34233

ATTACHMENT

40016370

P93000054846

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Sunbiz Home Page

Annual Report Help