


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 Zip		City & State Zip		Country	
4. FEI Number 65-0522437				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>2/9/05</u> 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 eachElection 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

Division of Corporations

City, State

SARASOTA

FL

Zip Code & Country

34233

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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.

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