

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90099 014 ***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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40014000



01232007 Chg-P CR2E034 (12/06)

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLAU, KENNETH 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KOZMA, GEORGE 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRUKOFF, CHRISTOPHER D 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEGARE, THOMAS K 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DLUNZNESKI, JOHN S 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John S. Dluznieski* Date: *2/7/2007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Dluznieski, M.D.