## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P93000054846**

1. Entity Name

THE ANESTHESIA GROUP OF SARASOTA, P.A.



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

al Flace of Dualifess

5560 BEE RIDGE ROAD SUITE D-3

SARASOTA, FL 34233 US

Mailing Address

5560 BEE RIDGE ROAD

SUITE D-3

SARASOTA, FL 34233 U



EDO NOT WRITE IN THIS SPACE

03112008 No Chg-P CR28

CR2E034 (11/05)

4. FEI Number 65-0522437

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BLAU, KENNETH ~ 5560 BEE RIDGE ROAD, SUITE D-3 BLDG A SUITE B SARASOTA, FL 34233 DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title il applicable.

(NOTE: Registered Agent signature required when reinstaling)

DATE

## FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLAU, KENNETH 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233
TITLE MAME STREET ADDRESS CITY-ST-ZIP	DT BRUKOFF, CHRISTOPHER D 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEGARE, THOMAS K 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DLUNZNESKI, JOHN S 5560 BEE RIDGE ROAD, SUITE D-3 SARASOTA, FL 34233
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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: L

IGNATURE AND TYPED OR PRINTED NAME OF BIGNIND OFFICER OR DIRECTOR

14/4/08

Daytime Phone #