


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # P93000054846</b>	
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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03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0522437	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BLAU, KENNETH 5560 BEE RIDGE ROAD, SUITE D-3 BLDG A SUITE B SARASOTA, FL 34233
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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 reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 NAME 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: 	Date: 4/4/08	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		