

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075810

Entity Name: C. R. ANESTHESIA, P.A.

FILED  
Jan 16, 2005  
Secretary of State

## Current Principal Place of Business:

6201 N SUNCOAST BLVD  
SEVEN RIVERS COMMUNITY HOSP DEPT ANEST  
CRYSTAL RIVER, FL 32629

## Current Mailing Address:

PO BOX 457  
CRYSTAL RIVER, FL 344230451

## New Principal Place of Business:

6201 N SUNCOAST BLVD  
SEVEN RIVERS REGIONAL MED. CTR DEPT ANEST  
CRYSTAL RIVER, FL 34428

## New Mailing Address:

FEI Number: 59-3208344      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALODNEY, LEONARD MD  
6201 N SUNCOAST BLVD  
SEVEN RIVERS COMMUNITY HOSPITAL DEPT ANEST  
CRYSTAL RIVER, FL 34428 US

## Name and Address of New Registered Agent:

CALODNEY, LEONARD MD  
6201 N SUNCOAST BLVD  
SEVEN RIVERS REGIONAL MED CTR DEPT ANEST  
CRYSTAL RIVER, FL 34428 US

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.

SIGNATURE:

01/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: CALODNEY, LEONARD MD  
Address: 6201 N SUNCOAST BLVD  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: CALODNEY, LEONARD MD  
Address: 6201 N SUNCOAST BLVD  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: DV ( ) Change (X) Addition  
Name: TANNER, GUY E MD  
Address: 6201 N. SUNCOAST BLVD  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Change (X) Addition  
Name: BERGER, ROBERT M MD  
Address: 6201 N. SUNCOAST BLVD  
City-St-Zip: CRYSTAL RIVER, FL 34428

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD CALODNEY

DPT

01/16/2005

Electronic Signature of Signing Officer or Director

Date