

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075810

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

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 457
CRYSTAL RIVER, FL 344230451

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 REGIONAL MED CTR DEPT ANEST
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: D () Delete
Name: AWA, PAUL K MD
Address: 6201 N. SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FEE, CHERYL L 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 exemption stated 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 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

01/15/2008

Electronic Signature of Signing Officer or Director

Date