

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90049 042 ***150.00

40023433



02052007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0542889 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000087911

1. Entity Name
MID-FLORIDA ANESTHESIA ASSOCIATES, INC.



Principal Place of Business
4362 NORTHLAKE BLVD
STE 207
PALM BEACH GARDENS, FL 33410

Mailing Address
P.O. BOX 85057
SAN DIEGO, CA 92186-5057

2. Principal Place of Business - No P.O. Box #

2100 SE Ocean Blvd

Suite, Apt. #, etc.

Suite 200

City & State
Stuart FL

Zip
34996

Country

3. Mailing Address

90 mehlich, Roegiers, Goldin & Co.

Suite, Apt. #, etc.

701 Colorado Ave

City & State
Stuart FL

Zip
34994

Country

6. Name and Address of Current Registered Agent

COEL, MARK A ESQ
ONE LINCOLN PLACE
1900 GLADES ROAD, SUITE 350
BOCA RATON, FL 33431-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable.

(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

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME LEVINE, MARC
STREET ADDRESS 3500 SW CENTRE COURT
CITY-ST-ZIP PALM CITY, FL 34990 ☐ Delete

TITLE VSD
NAME STIEFEL, ROBERT
STREET ADDRESS 6575 NW 33RD AVE
CITY-ST-ZIP BOCA RATON, FL 33496 ☒ Delete

TITLE D
NAME ALVAREZ, RAMON
STREET ADDRESS 8858 STEEPLECHASE DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33418 ☐ Delete

TITLE D
NAME BASTIAN, ROBERT
STREET ADDRESS 3225 SW BRAEMAR WAY
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/07 72-223-2111