

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90228 010 ***150.00

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1. Entity Name

MID-FLORIDA ANESTHESIA ASSOCIATES, INC.



Principal Place of Business

2100 SE OCEAN BLVD
SUITE 200
STUART, FL 34996

Mailing Address

C/O MEHLICH, ROEGIERS, GOLDEN & CO
701 COLORADO AVE
STUART, FL 34994

DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0542889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
TITLE	D
NAME	ALVAREZ, RAMON
STREET ADDRESS	8858 STEEPLECHASE DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33418
TITLE	D
NAME	BASTIAN, ROBERT
STREET ADDRESS	3225 SW BRAEMAR WAY
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/2008 (772) 223-2115