

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90332 031 ***150.00

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04262004 Chg-P CR2E034 (10/03)

DOCUMENT # P95000043441					
1. Entity Name CENTRAL SPACE COAST ANESTHESIOLOGY, P.A.					
Principal Place of Business CAPE CANAVERAL HOSPITAL 701 WEST COCOA BEACH CSWY COCOA BEACH, FL 32931			Mailing Address P.O. BOX 320040 COCOA BEACH, FL 32732-0040		
2. Principal Place of Business		3. Mailing Address P.O. BOX 320069			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3310967	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VONDERHEIDE, CHRISTOPHER 25 BOUGAINVILLEA DRIVE COCOA BEACH, FL 32931			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCFARLANE, JOHN T 201 JUNE DR COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP STAHIS, DEMETRIOS 489 SOUTH ATLANTIC AVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATHIS, DEMETRIOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD PRESTON, WILLIAM L 205 ALAMEDA MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLOVAC, STANLEY 4395 CROOKED MILE RD MERRIEE ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VONDERHEIDE, CHRISTOPHER 25 BOUGAINVILLEA DRIVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAYLES, RICHARD E 1982 SYKES CREEK PKWY MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		4/26/2004			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Phone #			

CHRISTOPHER VONDERHEIDE 321-868-7677