

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043441

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: CENTRAL SPACE COAST ANESTHESIOLOGY, P.A.

## Current Principal Place of Business:

CAPE CANAVERAL HOSPITAL  
701 WEST COCOA BEACH CSWY  
COCOA BEACH, FL 32931

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 320069  
COCOA BEACH, FL 327320040

## New Mailing Address:

FEI Number: 59-3310967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VONDERHEIDE, CHRISTOPHER  
25 BOUGAINVILLEA DRIVE  
COCOA BEACH, FL 32931 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: VD ( ) Delete  
Name: MCFARLANE, JOHN T  
Address: 201 JUNE DR  
City-St-Zip: COCOA BEACH, FL 32931

Title: AVP ( ) Delete  
Name: STATHIS, DEMETRIOS  
Address: 489 SOUTH ATLANTIC AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: ASD ( ) Delete  
Name: PRESTON, WILLIAM L  
Address: 205 ALAMEDA  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD ( ) Delete  
Name: GOLOVAC, STANLEY  
Address: 4395 CROOKED MILE RD  
City-St-Zip: MERRIEE ISLAND, FL 32952

Title: PD ( ) Delete  
Name: VONDERHEIDE, CHRISTOPHER  
Address: 25 BOUGAINVILLEA DRIVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: TD ( ) Delete  
Name: GAYLES, RICHARD E  
Address: 1982 SYKES CREEK PKWY  
City-St-Zip: MERRITT ISLAND, FL 32953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change ( ) Addition  
Name: GOLOVAC, STANLEY  
Address: 4395 CROOKED MILE RD  
City-St-Zip: MERRITT ISLAND, FL 32952

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

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

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: CHRISTOPHER VONDERHEIDE

PRES

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date