

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90356 023 ***150.00

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1. Entity Name
ANESCO ANESTHESIA ASSOCIATES, INC.



Principal Place of Business
**5757 N. DIXIE HWY
OPERATING ROOM
FT LAUDERDALE, FL 33334 US**

Mailing Address
**3601 W COMMERCIAL BLVD
SUITE 4 & 5
FORT LAUDERDALE, FL 33309 US**

DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0694543

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MELI, RICHARD
3601 W COMMERCIAL BLVD
SUITE 4 & 5
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
KOLBERT, PAUL M.D.
3601 W COMMERCIAL BLVD, SUITE 4& 5
FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MELI, RICHARD M.D.
3601 W COMMERCIAL BLVD, SUITE 4 & 5
FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
SNYDER, SCOTT A MD
3601 W COMMERCIAL BLVD, SUITE 4 & 5
FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LORENZ, TIMOTHY MD
3601 W COMMERCIAL BLVD STE 4&5
FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RAMIREZ, RAFAEL MD
3601 W COMMERCIAL BLVD STE 4&5
FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KUSHNICK, RICHARD MD
3601 W COMMERCIAL BLVD STE 4&5
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
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

PAUL KOLBERT M.D. 4/11/06 954 485 2002

Date

Daytime Phone #