


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P96000073879		
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
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01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0694543	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MELI, RICHARD 3601 W COMMERCIAL BLVD SUITE 4 & 5 FORT LAUDERDALE, FL 33309
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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**

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04/25/07-80044-005 150.00

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 4/12/07 **Daytime Phone #** 485 52666