

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**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**



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0694543</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 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	VP
NAME	KOLBERT, PAUL M.D.
STREET ADDRESS	3601 W COMMERCIAL BLVD, SUITE 4 & 5
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	P
NAME	MELI, RICHARD M.D.
STREET ADDRESS	3601 W COMMERCIAL BLVD, SUITE 4 & 5
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	ST
NAME	SNYDER, SCOTT A MD
STREET ADDRESS	3601 W COMMERCIAL BLVD, SUITE 4 & 5
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	LORENZ, TIMOTHY MD
STREET ADDRESS	3601 W COMMERCIAL BLVD STE 4&5
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	RAMIREZ, RAFAEL MD
STREET ADDRESS	3601 W COMMERCIAL BLVD STE 4&5
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	KUSHNICK, RICHARD MD
STREET ADDRESS	3601 W COMMERCIAL BLVD STE 4&5
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

U00000926927  
05/20/08-80086-004 150.00

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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 #

*Richard Meli M.D.* **RICHARD MELI M.D.** 2/4/08 954 485 2002