

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90197 030 ***150.00

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1. Entity Name

MANATEE ANESTHESIA AND PAIN ASSOCIATES, P.A.



Principal Place of Business

C/O MANATEE MEMORIAL HOSPITAL, ANESTHESIA
206 SECOND STREET EAST
BRADENTON, FL 34208

Mailing Address

C/O MANATEE MEMORIAL HOSPITAL, ANESTHESIA
206 SECOND STREET EAST
BRADENTON, FL 34208

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0755374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WICKMAN, JOHN E
4909 MANATEE AVE WEST
BRADENTON, FL 34209

7. Name and Address of New Registered Agent

Name
Hamrick, Perrey, Quinlan + Smith, PA

Street Address (P.O. Box Number is Not Acceptable)

601 12th Street West

City Bradenton

FL

Zip Code
34205

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WEINGARTEN, JONAS
STREET ADDRESS 4607 5TH AVENUE WEST
CITY-ST-ZIP PALMETTO, FL 34221

TITLE VP ☒ Delete
NAME GILMAN, ALAN K
STREET ADDRESS 707 KEY ROYALE DRIVE
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE VP ☐ Delete
NAME VILASI, JOSEPH A
STREET ADDRESS 7613 PINE VALLEY STREET
CITY-ST-ZIP BRADENTON, FL 34202

TITLE VP ☐ Delete
NAME VILASI, JOHN
STREET ADDRESS 4511 SUMMER COVE DRIVE EAST APT 435
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

4/16/07

941-745-6829