

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000002036

FILED  
Jan 27, 2004  
Secretary of State

Entity Name: LAKE COUNTY ANESTHESIA PARTNERS, P.A.

## Current Principal Place of Business:

ANESTHESIA DEPT  
201 N EUSTIS STREET  
EUSTIS, FL 32726 US

## New Principal Place of Business:

## Current Mailing Address:

300 N.W. 5TH ST.  
#312  
OKEECHOBEE, FL 34972

## New Mailing Address:

FEI Number: 65-0818956      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COEL, MARK A  
621 NW 53RD ST  
SUITE 420  
BOCA RATON, FL 334870000 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: D ( ) Delete  
Name: STIEFEL, ROBERT  
Address: 6575 NW 33RD AVE  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: LEVINE, MARC  
Address: 3500 SW CENTRE CT.  
City-St-Zip: PALM CITY, FL 33496

Title: PD ( ) Delete  
Name: ZELKOWITZ, MICHAEL  
Address: 404 TIMBER RIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: STD ( ) Delete  
Name: SAMUEL, FELICE  
Address: 5372 LAKE BLUFF TERRACE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: ALVAREZ, RAMON  
Address: 8858 STEEPLECHASE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

## 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: STD (X) Change ( ) Addition  
Name: SAMUEL, FELICE  
Address: 2182 SW DOVE CANYON WAY  
City-St-Zip: PALM CITY, FL 34990

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: FELICE SAMUEL

STD

01/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date