



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000002036		
1. Entity Name LAKE COUNTY ANESTHESIA PARTNERS, P.A.		
Principal Place of Business ANESTHESIA DEPT 201 N EUSTIS STREET EUSTIS, FL 32726 US	Mailing Address 2182 SW DOVE CANYON WAY PALM CITY, FL 34990	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COEL, MARK A ONE LINCOLN PLACE 1900 GLADES ROAD, SUITE 350 BOCA RATON, FL 33431-0000		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	STIEFEL, ROBERT	
STREET ADDRESS	6575 NW 33RD AVE	
CITY-ST- ZIP	BOCA RATON, FL 33432	
TITLE	D	
NAME	LEVINE, MARC	
STREET ADDRESS	3500 SW CENTRE CT.	
CITY-ST- ZIP	PALM CITY, FL 33496	
TITLE	PD	
NAME	ZELKOWITZ, MICHAEL	
STREET ADDRESS	404 TIMBER RIDGE DRIVE	
CITY-ST- ZIP	LONGWOOD, FL 32779	
TITLE	STD	
NAME	SAMUEL, FELICE	
STREET ADDRESS	2182 SW DOVE CANYON WAY	
CITY-ST- ZIP	PALM CITY, FL 34990	
TITLE	D	
NAME	ALVAREZ, RAMON	
STREET ADDRESS	8858 STEEPLECHASE DRIVE	
CITY-ST- ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		
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: 		Date: <u>4/27/06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0818956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000551243
05/13/06-80081-011 150.00

**DO NOT WRITE
IN THIS SPACE**