

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000048259

1. Entity Name
ANESTHESIA & PAIN CONSULTANTS, P.A.



Principal Place of Business
**634 RIVERWOOD DRIVE
CRESTVIEW, FL 32536**

Mailing Address
**P.O. BOX 640
CRESTVIEW, FL 32536**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3513871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MORRIS, DANIEL G DO
6330 AUGUSTA COVE
DESTIN, FL 32541**

**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, 2005 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
NAME	MORRIS, DANIEL G DO
STREET ADDRESS	6330 AUGUSTA COVE
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	V
NAME	VAN ALLEN, KARY MD
STREET ADDRESS	130 CAYMAN COVE
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1010000178770
01/12/05-80041-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Daniel G. Morris

Date

1/5/05

Daytime Phone #

850-683-0581