

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90171 004 ***150.00

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01032006 Chg-P CR2E034 (11/05)

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		
2. Principal Place of Business 7800 U.S. Hwy 98 West		3. Mailing Address 7800 U.S. Hwy 98 West			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Destin, FL		City & State Destin, FL		4. FEI Number 59-3513671	
Zip 32550		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, DANIEL G DO 6330 AUGUSTA COVE DESTIN, FL 32541			7. Name and Address of New Registered Agent Name VanAllen, Kary L. M.D. Street Address (P.O. Box Number is Not Acceptable) 130 Cayman Cove City Destin FL Zip Code 32541		
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 <u><i>Kary L. VanAllen M.D.</i></u> DATE <u>01-03-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, DANIEL G DO 6330 AUGUSTA COVE DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/C Kary L. VanAllen, M.D. 130 Cayman Cove Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAN ALLEN, KARY MD 130 CAYMAN COVE DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/S Diane D. Speedling, M.D. 2996 Scenic Hwy 980 E. Unit 605 Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Kary L. VanAllen M.D.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>01-03-06</u> Daytime Phone # <u>850-865-2498</u>		