

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064762

FILED  
Apr 01, 2005  
Secretary of State

Entity Name: ANESTHESIA ON-CALL, P.A.

## Current Principal Place of Business:

4802 51ST STREET WEST  
SUITE 712  
BRADENTON, FL 34210 US

## New Principal Place of Business:

12602 SAFE HARBOUR DRIVE  
CORTEZ, FL 34215 US

## Current Mailing Address:

4802 51ST STREET WEST  
SUITE 712  
BRADENTON, FL 34210 US

## New Mailing Address:

12602 SAFE HARBOUR DRIVE  
CORTEZ, FL 34215 US

FEI Number: 65-0848953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DORMAN, LORI M ESQ  
601 12TH STREET WEST  
BRADENTON, FL 34205 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: WALTHER, STEVEN S  
Address: 4802 51ST STREET WEST, SUITE 712  
City-St-Zip: BRADENTON, FL 34210

Title: TS ( ) Delete  
Name: WALTHER, MARJORIE L  
Address: 4802 51ST STREET WEST, SUITE 712  
City-St-Zip: BRADENTON, FL 34210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WALTHER, STEVEN S  
Address: 12602 SAFE HARBOUR DRIVE  
City-St-Zip: CORTEZ, FL 34215 US

Title: TS (X) Change ( ) Addition  
Name: WALTHER, MARJORIE L  
Address: 12602 SAFE HARBOUR DRIVE  
City-St-Zip: CORTEZ, FL 34215 US

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: STEVEN S. WALTHER

D

04/01/2005

Electronic Signature of Signing Officer or Director

Date