# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 11, 2010**
**Secretary of State**

DOCUMENT# P98000091907

**Entity Name:** ANESTHESIOLOGISTS OF GREATER ORLANDO, M.D., P.A.

**Current Principal Place of Business:**

2699 LEE RD.
SUITE 510
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

2699 LEE RD.
SUITE 510
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number: 59-3542796** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAKIM, JAMAL A M.D.
2699 LEE ROAD
SUITE 510
WINTER PARK, FL 32789 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: DP
Name: HAKIM, JAMAL A M.D.
Address: 9319 TIBET POINTE CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: DST
Name: SIDER, DEAN M.D.
Address: 4043 BERMUDA GROVE PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: DV
Name: BABINS, NOAH A M.D.
Address: 11008 BAYSHORE DR
City-St-Zip: ORLANDO, FL 34786

Title: DV
Name: KWA, ANDRE M M.D.
Address: 1859 OAKBROOK DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: DV
Name: LAWRENCE, JAMES S JR, MD
Address: 3412 S. LAKE BUTLER BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: DV
Name: MILLER, DOUGLAS T M.D.
Address: 8737 LAKE TIBETT CT.
City-St-Zip: ORLANDO, FL 32836

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS T MILER MD DV 01/11/2010

Electronic Signature of Signing Officer or Director — Date