


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 08:00 AM
Secretary of State

JAN 24 2005

DOCUMENT # P98000098128			
1. Entity Name MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES, P.A.			
Principal Place of Business 1511 S.W. 1ST AVE. OCALA FL 34474		Mailing Address PO DRAWER 3130 OCALA FL 34478	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROBERTIE, PAUL G M.D. 1511 S.W. 1ST AVE. OCALA FL 34474		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	ST ROBERTIE, PAUL G M.D. 1511 S.W. 1ST AVE. OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition UN00000270738 03/21/05-80020-013 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PALMIRE, VINCENT M.D. 1511 S.W. 1ST AVE. OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SULLIVAN, DANIEL B 1511 SW 1ST AVE OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARRISON, LAWRENCE R 1511 SW 1ST AVE OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHURLKNIGHT, STEPHEN 1511 SW 1ST AVE OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIKOWSKI, S. MICHAEL 1511 SW 1ST AVENUE OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

352-861-8311