# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 24, 2006 8:00 am**
**Secretary of State**
02-24-2006 90002 019 ***150.00

DOCUMENT # P98000098128

1. Entity Name
MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 1511 S.W. 1ST AVE.<br>OCALA, FL 34474 | PO DRAWER 3130<br>OCALA, FL 34478 |

01102006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3543180 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ROBERTIE, PAUL G M.D.<br>1511 S.W. 1ST AVE.<br>OCALA, FL 34474 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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<br>ROBERTIE, PAUL G M.D.<br>1511 S.W. 1ST AVE.<br>OCALA, FL 34474 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>PALMIRE, VINCENT M.D.<br>1511 S.W. 1ST AVE.<br>OCALA, FL 34474 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SULLIVAN, DANIEL B<br>1511 SW 1ST AVE<br>OCALA, FL 34474 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>HARRISON, LAWRENCE R<br>1511 SW 1ST AVE<br>OCALA, FL 34474 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>SEE attached list | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SCHURLKNIGHT, STEPHEN<br>1511 SW 1ST AVE<br>OCALA, FL 34474 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MIKOWSKI, S. MICHAEL<br>1511 SW 1ST AVENUE<br>OCALA, FL 34474 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** _____ 02/15/06 352-867-8311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

400173334

DOCUMENT # P98000098128

MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES, P.A.

## OFFICERS & DIRECTORS

(ST) ROBERTIE, Paul G.
1511 SW 1st Avenue
Ocala, FL 34474

(P) PALMIRE, Vincent C.
1511 SW 1st Avenue
Ocala, FL 34474

(V) SULLIVAN, Daniel B.
1511 SW 1st Avenue
Ocala, FL 34474

(V) HARRISON, Lawrence R.
1511 SW 1st Avenue
Ocala, FL 34474

(V) SCHURLKNIGHT, Stephen
1511 SW 1st Avenue
Ocala, FL 34474

(V) MIKOWSKI, S. Michael
1511 SW 1st Avenue
Ocala, FL 34474

(V) DEPUTAT, Mikhail
1511 SW 1st Avenue
Ocala, FL 34474

Prepared by Melody A. Williams
Attachment to 2006 For Profit Corporation Annual Report
January 10, 2006
G:\1Management\Annual Reports\Mid Florida Cardiovascular Anesthesia Associates PA.doc