


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90002 020 ***150.00

DOCUMENT # P98000098411 1. Entity Name OCALA CARDIOVASCULAR ANESTHESIA ASSOCIATES, P.A.					
Principal Place of Business 1511 SW 1ST AVE. OCALA, FL 34474			Mailing Address P.O. DRAWER 3130 OCALA, FL 34474		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3543168	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROBERTIE, PAUL G 1511 SW 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) DATE</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	ST ROBERTIE, PAUL G 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	P PALMIRE, VINCENT 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 SULLIVAN, DANIEL B 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 <i>SEE attached</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 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	VP SCHUTLKNIIGHT, STEPHEN 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 <i>Spelling Correction SCHURLKNIGHT</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIKOWSKI, MICHEAL S 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 <i>Spelling Correction MICHAEL</i>		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02/15/06		352-867-8311	
		Date		Daytime Phone #	

ATTACHMENT

40017333

DOCUMENT # P98000098411

OCALA CARDIOVASCULAR ANESTHESIA ASSOCIATES, P.A.

OFFICERS & DIRECTORS

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

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

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

(V) DEPUTAT, Mikhail
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