

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S67058

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: NORTH PINELLAS ANESTHESIA ASSOCIATES, P.A.

## Current Principal Place of Business:

1810 US ALT. 19 SOUTH  
SUITE N  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

1501 SOUTH PINELLAS AVE., SUITE N  
TARPON SPRINGS, FL 34689

## Current Mailing Address:

1810 US ALT. 19 SOUTH  
SUITE N  
TARPON SPRINGS, FL 34689

## New Mailing Address:

1501 SOUTH PINELLAS AVE., SUITE N  
TARPON SPRINGS, FL 34689

FEI Number: 59-3073820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GASSMAN, ALAN  
1245 COURT STREET STE 102  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

WILLIAM, HARTENBACH N MD  
1501 SOUTH PINELLAS AVE., SUITE N  
TARPON SPRINGS, FL 34689 US

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: WILLIAM N. HARTENBACH, MD

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: SPONAUGLE, MARVIN L.,  
Address: 1810 US ALT. 19 SOUTH  
City-St-Zip: TARPON SPRINGS, FL

Title: DP ( ) Delete  
Name: HARTENBACH, WILLIAM, N.  
Address: 1810 US ALT. 19 SOUTH  
City-St-Zip: TARPON SPRINGS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition  
Name: SPONAUGLE, MARVIN L.,  
Address: 1501 SOUTH PINELLAS AVE., SUITE N  
City-St-Zip: TARPON SPRINGS, FL

Title: DP (X) Change ( ) Addition  
Name: HARTENBACH, WILLIAM, N.  
Address: 1501 SOUTH PINELLAS AVE., SUITE N  
City-St-Zip: TARPON SPRINGS, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BECKY DAGIT

OMGR

04/26/2006

Electronic Signature of Signing Officer or Director

Date