

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V14323

**FILED  
Apr 25, 2005  
Secretary of State**

**Entity Name:** PASADENA ANESTHESIOLOGY, P.A.

**Current Principal Place of Business:**

PALMS OF PASADENA HOSPITAL  
1501 PASADENA AVE  
SOUTH PASADENA, FL 33707 US

**New Principal Place of Business:**

**Current Mailing Address:**

141 N TESSIER DRIVE  
ST PETERSBURG BEACH, FL 33706 US

**New Mailing Address:**

**FEI Number:** 59-3110319      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LIPINSKI, IRENE  
141 N TESSIER DR  
ST PETE BEACH, FL 33706 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: D ( ) Delete  
Name: LIPINSKI, IRENE  
Address: 141 N TESSIER DR  
City-St-Zip: ST PETE BEACH, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IRENE LIPINSKI

D

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date