

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 555239

Entity Name: ANESTHESIA & PAIN CONSULTANTS OF SOUTHWEST
FLORIDA, M.D., P.A.**Current Principal Place of Business:**12511 WORLD PLAZA LANE BLDG #50
FORT MYERS, FL 33097**Current Mailing Address:**12511 WORLD PLAZA LANE BLDG #50
FORT MYERS, FL 33097**FEI Number: 59-1783920****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HF REGISTERED AGENTS, LLC
1715 MONROE STREET
FORT MYERS, FL 33901 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:** ERIN E. HOUCK-TOLL, VICE PRESIDENT**02/17/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	SHUCAVAGE, BERNARD
Address	12511 WORLD PLAZA LANE BLDG #50
City-State-Zip:	FORT MYERS FL 33097

Title	D
Name	MANALILI, SIMEON P
Address	12511 WORLD PLAZA LANE BLDG #50
City-State-Zip:	FORT MYERS FL 33097

Title	T
Name	HOMOLKA, CHARLES
Address	12511 WORLD PLAZA LANE BLDG #50
City-State-Zip:	FORT MYERS FL 33097

Title	SD
Name	TURNER, ROBERT
Address	12511 WORLD PLAZA LANE BLDG #50
City-State-Zip:	FORT MYERS FL 33097

Title	D
Name	NICOTRA, JOSEPH
Address	12511 WORLD PLAZA LANE BLDG #50
City-State-Zip:	FORT MYERS FL 33097

Title	PD
Name	BISBEE, CHARLES A
Address	12511 WORLD PLAZA LANE BLDG #50
City-State-Zip:	FORT MYERS FL 33097

I hereby 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 all other like empowered.

SIGNATURE: CHARLES A BISBEE**PRESIDENT****02/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date