

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082331

Entity Name: LAKE COUNTY ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

1023 MELLATHON CIRCLE
LEESBURG, FL 34748

Current Mailing Address:

P. O. BOX 491529
LEESBURG, FL 34749 US

FEI Number: 59-3739273

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, CHARLES D ESQ.
907 WEBSTER ST
LEESBURG, FL 34748 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: CHARLES D. JOHNSON

04/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PTD
Name GIOVANELLI, RICHARD
Address 6464 SW 21 COURT ROAD
City-State-Zip: OCALA FL 34474

Title VD
Name TSAU, MING-JYI
Address 3436 SW 58 ST
City-State-Zip: OCALA FL 34474

Title VSD
Name MALNASI, LESLIE
Address 4160 SW 20 AVE
City-State-Zip: OCALA FL 34474

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: RICHARD GIOVANELLI

P

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date