

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J58529** (5)

1. Corporation Name
GOLD COAST ANESTHESIA INC.



Principal Place of Business

Mailing Address

8259 155TH PL N
PALM BEACH GARDENS FL 33418-1825
US

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PALM BEACH GARDENS FL 33418-1825
US

3. Date Incorporated or Qualified **02/17/1987** 3a. Date of Last Report **03/02/1995**

21. Principal Place of Business
3650 E. Sandpiper Dr.

26. Mailing Address
3650 E. Sandpiper Dr.

4. FEI Number **59-2760742** Applied For Not Applicable

22. Suite, Apt. #, etc. **#2**

27. Suite, Apt. #, etc. **#2**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State
Boynton Beach, Fl.

28. City & State
Boynton Beach, Fl.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **33436-2457** 25. Country **Palm Beach**

29. Zip **33436-2457** 30. Country **Palm Beach**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, CARLA P.
5160 WOODSTONE CIRCLE (EAST)
LAKE WORTH FL 33463

81. Name **Paul Lee**
82. Street Address (P.O. Box Number is Not Acceptable) **3650 E. Sandpiper Dr. #2**
83. City **Boynton Beach** FL 85. Zip Code **33436-2457**

11. Pursuant to the provisions of Sections 607.0507 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE **Paul Lee**

Date **1/29/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LEE, CARLA P.	
STREET ADDRESS	8259 155TH PL N	
CITY-STATE-ZIP	PALM BEACH GARDENS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LEE, PAUL ALLEN	
STREET ADDRESS	8259 155TH PL N	
CITY-STATE-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul Lee	
1.3 STREET ADDRESS	3650 E. Sandpiper Dr. #2	
1.4 CITY-STATE-ZIP	Boynton Beach, Fl. 33436-2457	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Paul Lee**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/29/96** Telephone # **407-737-9122**

CR2E034 (12/95)