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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

2. Principal Place of Business

M63068

(4)

CHILDREN'S ANESTHESIA ASSOCIATES, P.A. Mailing Address Principal Place of Business 6125 S W 31ST STREET 6125 S W 31ST STREET MIAMI FL 33155 MIAMI FL 33155

2a. Mailing Address

3a. Date of Last Report 02/01/1995

Applied For

3. Date Incorporated or Qualified

11/30/1987

4. FEI Number

21	·		26				65-0017781		vot Applicable		
	Suite, Apt. #,	etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>.</b>	Additional		
2	Jenes ( 1 4	,	27			_	B. Continents of Status Seemed	Fee F	Required		
	City & State		City & State				6. Election Campaign Financing		🕽 Мау Ве		
3	•		28				Trust Fund Contribution		to Fees		
	Zip	Country Zip Co		<del></del>	Country		8. This corporation has liability or intangible	tax under s	199.032,		
24		25	29	30			Florida Statutes Yes No	d Agent			
		9. Name and Address of Cur-	rent Registered Agent		31	Name	10. Name and Address of New Registered Agent				
						<u></u>					
	SUMBER	G, JOHN		E	82 Street Address (P.O. Box Number is Not Acceptable)						
2500 FIRST UNION FINANCIAL CENTER											
MIAMI FL 33101					83						
				Ĩ	34	City	-	85 Zig	o Code		
					$\perp$		F				
1	. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the abov	e-na	amed corpora	tion submits this statement for the purpose of d of directors. I hereby accept the appointment	changing its r as registered	egistereα οπισε Lagent. Lan		
	or registers	ed agent, or both, in the State of F h, and accept the obligations of, S	ionda. Such change was authorize	eo by the co	νЬО	ration 5 Dodic	, or silectors, thoroug doopt the appointment	-5.2.2.20	9		
_		ii, cara accopt are songant is an									
S	ignature:	Signature, typed or printed name of registered a	(NO) ald stille if applicable (NO)	TE: Registered A	vgen:	signature required	when reinstating) DATE				
1	2.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		RS IN 12		
TI	ILE	S	☐ DELETE	1. 1 1)T	LE			☐ Change	L. Modilion		
ĸ.	AME	ELLIS, LAURETTE M M.D.		1.2 NAM	ΜE	1					
S	TREET ADDRESS	7701 S.W. 132ND PLACE		1.3 STF	EET /	ADDRESS					
С	TY-ST-7IP	MIAMI FL		1.4 CIT	Y-S1	T-21P			<b>5</b> 1418		
	!LE	P	☐ DELETE	2. 1 7(1	LE			Change	☐ Add₁tion		
N	AME	BAUER, CHIRSTIAN W.		2 2 NA	ME						
S	TREE I ADORESS	11120 S. W. 58 COURT		2.3 STF	REET	ADDRESS					
	11Y-ST-ZIP	MIAMI FL		2.4 CIT	Y-S1	T-ZIP					
	TLF	T	DELETE.	3 1 Ti	ſLΕ			☐ Change	Addition		
N	AME	TIROTTA, CHRISTOPHER	F. M	3 2 NA	ME						
S	THEE! ADDRESS	450 GRAPETREE DRIVE S		3.3 ST	REET	ADDRESS					
	174 - ST - ZIP	KEY BISCAYNE FL		3 4 CIT	Y-5	T - ZIP					
_	TLE		☐ DELETE	4.1 70	TLE			☐ Change	Addition		
N	AME			4 2 NA	ME						
	TREET ADDRESS			4 3 ST	REET	ADDRESS					
	ITY-ST-ZIP			4.4 CIT	ry-s	I - ZIP			-		
	ITLE		DELETE	5 1 Ti	TLE			☐ Change	Addition		
	AME			5.2 NA	ME	İ					
	TREET ADORESS			5 3 ST	REET	ADDRESS					
	ITY-ST-ZIP			54 CI	TY-S	ST - 21P					
	1TLE		☐ DELETE	6 1 TI	_			☐ Change	Addition		
	IAME			6 2 NA	ME						
	TREET ADDRESS			6.3 \$1	REET	T ADDRESS					
				6 4 CI	TY-S	ST - 21P					
	ITY-ST-ZIP	y certify that the information supp	lied with this filing is voluntarily furi	nished and	doe	s not qualify for	or the exemption stated in Section 119.07(3)(k) te and that my signature shall have the same k	, Florida Statu	ites. 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 of 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. Christopher F. Tirotta 4-16-96 305-663-8456 SIGNATURE: