

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -8 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000058608 (9)

1. Corporation Name

FLORIDA ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business

820 PRUDENTIAL DR.
SUITE 606
JACKSONVILLE FL 32207

Mailing Address

820 PRUDENTIAL DR.
SUITE 606
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

04/20/1994

4. FEI Number

59-3212793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

BARTON, WILLIAM P M.D.
820 PRUDENTIAL DR.
SUITE 606
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BARTON, WILLIAM P M.D.
STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606
CITY - ST - ZIP JACKSONVILLE FL 32207

TITLE D
NAME BACHMAN, GREG R M.D.
STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606
CITY - ST - ZIP JACKSONVILLE FL 32207

TITLE D
NAME BEBEAU, EUGENE R M.D.
STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606
CITY - ST - ZIP JACKSONVILLE FL 32207

TITLE D
NAME CAHILL, JAMES D M.D.
STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606
CITY - ST - ZIP JACKSONVILLE FL 32207

TITLE D
NAME CALZADA, JAIME R M.D.
STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606
CITY - ST - ZIP JACKSONVILLE FL 32207

TITLE D
NAME JACOBS, WILLIAM S M.D.
STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606
CITY - ST - ZIP JACKSONVILLE FL 32207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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 110.07(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 its 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 in an attached addendum with an address.

SIGNATURE:

William P. Barton
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

9/2/95

904-398-3336

Date

Telephone (Area #)