FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300058608

. Corporation Name

FLORIDA ANESTHESIA ASSOCIATES, P.A.

PRIDERINA DR. SUITE 608 SU									
SUITE 608 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 2. A Mailting Address 3. Date Incorporated or Qualified 08/09/1993 3. Date Incorporated or Qualified 08/09/1993 3. Date Incorporated or Qualified 08/09/1993 4. FEI Number Suite, Apt. 4, etc. 2. Suite, Apt. 5, etc. 3. Suite, Apt. 5, etc. 5. Cartificate of Status Desired 6. Election Campaign Financing 5. Cartificate of Status Desired 6. Election Campaign Financing 5. Cartificate of Status Desired 6. Election Cam	Principal Place	of Business	Mailing Address				1 1881) 684 118 1811 1111 1111 1111 1111 1111		
2. Principal Place of Business	820 PRUDENTIAL DR. SUITE 606		SUITE 606		DO NOT WRITE IN THIS SI	PACE			
2. Minifing Place of Business 2a. Mailing Address 4. FEI Number 59-3212733 Not Applied For Suite, Apl. 4, etc. 27 Suite, Apl. 4, etc. 27 Suite, Apl. 4, etc. 27 Suite, Apl. 4, etc. 59-3212733 Not Applied For Suite, Apl. 4, etc. 27 Suite, Apl. 4, etc. 59-3212733 Not Applied 59-321273 Not Applied 59-321273	JACKSONVILLE FL 32207		IMONOCHAILEE LE 25501				3. Date Incorporated or Qualifed		
Suite, Apt. #, etc. Suite, Ap							08/09/1993		
Suite, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address				J	Apr	olied For
S. Certificate of Status Desired Fee Required	21		26				59-3212793	<u> </u>	
City & State Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Trust Fund Contribution Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Trust Fund Contribution Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Trust Fund Contribution Trust Fund Address of Note Registered Agent Trust Fund Address of Now Registered Agent Trust En	Suite, Apt.	#, etc.	├ ¬	¬ ' '			5. Certificate of Status Desired		
23 24 25 20 30							6. Election Campaign Financing		
Zip Country 2p Country 2p Country 2p Country 8	23		28	8			Trust Fund Contribution	Added to	Fees
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. 12. Supraction 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. In the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In terralistic with, and accept the obligations of, Section 607, 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WARE 12. WARE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO		Country	Zip	Cou	ntry				
BARTON, WILLIAM P M.D. 820 PRUDENTIAL DR. SUITE 606 JACKSONVILLE FL 32207 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 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, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with. and accept the obligations of, Sociotion 607.0505, Priorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with. a familiar and statement from the purpose of changing its registered agent agent. I am familiar with. I	24					1 crooker roperty rex.			LINO
BARTON, WILLIAM P M.D. 820 PRUDENTIAL DR. SUITE 606 JACKSONVILLE FL 32207 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 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, 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, 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, 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, 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, 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, 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, or board or directors. I hereby accept the appointment as registered agent, or board or directors. I hereby accept the appointment as registered agent, or board or directors. I hereby accept the appointment as registered agent, or board or directors. I hereby accept the purpose of changing its registered agent, or board or directors. I hereby accept the purpose of changing its registered agent, or board or directors. I hereby accept the purpose of changing its registered agent, or board or directors. I hereby accept the purpose of changing its registered agent, or board or directors. I hereby accept the purpose of changing its registered agent, or board or directors. I hereby accept the city	Name and Address of Current Registered Agent					Nama	10. Name and Address of New Registered Ag	ent	
820 PRUDENTIAL DR. SUITE 606 JACKSONVILLE FL 32207 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 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, 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, 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, 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, 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, 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, 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, or both, in the State of Florida, Such change is registered agent, or both, in the State of Florida, Such change is registered agent, or both, in the State of Florida, Such change is registered agent, or both, in the State of Florida, Such change is registered agent, or both, in the State of Florida, Such change is registered agent, or both, in the State of Florida, Such change agent, and accept the observed agent, or both, in the State of Florida, Such change is registered agent, or both, in the State of Florida, Such change is registered agent, or both, in the State of Florida, Such change is registered agent, or both, in the State of Florida, Such change is registered agent, or both admi	DADI	CONTRACTOR DATE			"	_			
SUITE 606 JACKSONVILLE FL 32207 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 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, 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, 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, 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, and the sequence of the	· · ·				82 Street Address (P.O. Box Number is Not Acceptable)				ļ
JACKSONVILLE FL 32207 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or private name of regulations agent and title if applicable. (NOTE: Registered Agent agenture received when rematiting) D D D D DELETE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D D DELETE 12. ITITLE D D D DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14.40000000000000000000000000000000000					83				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-mand 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, agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed retired of implatored agent and 990 if applicable. (NOTE: Registered Agent agenture required when reinstating) DATE									
office or registered agent, or both, in the State of Fiorios, Such charge was authority agent and the statutes. SIGNATURE 12					1 1	,	• •		
Signature, typed or primeder armed to lapplicable. (NOTE: Registered Agent segrature required when restation) Surface	office or registered agent, or both, in the State of Florida. Such change was adulturated by the corporation's board of directors. Hereby accept the obligations of, Section 607.0505, Florida Statutes.								
TITLE D DELETE 1.1 TITLE	SIGNATURE				Agent	signature require	8 W/1011 (001000019)		
NAME	12.			_					
STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606 13 STREET ADDRESS 14 CITY-ST-ZIP JACKSONVILLE FL 32207 14 CITY-ST-ZIP DELETE 21 TITLE Change Addition Additio	TITLE								- Course
CITY-ST-ZIP JACKSONVILLE FL 32207	NAME					_ [[
DELETE D	STREET ADDRESS)6			ļ			}
NAME NAME BACHMAN, GREG R M.D. STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606 CITY. ST. ZIP JACKSONVILLE FL 32207 DELETE 3.1 TITLE D NAME BEBEAU, EUGENE R M.D. STREET ADDRESS 617Y. ST. ZIP JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 TITLE D CHange Addition DELETE 4.1 TITLE NAME CAHILL, JAMES D M.D. STREET ADDRESS 617Y. ST. ZIP JACKSONVILLE FL 32207 DELETE 4.1 TITLE CAHILL, JAMES D M.D. STREET ADDRESS 617Y. ST. ZIP JACKSONVILLE FL 32207 DELETE 5.1 TITLE D CALZADA, JAIME R M.D.			D DELETE			ZIP		Change	Addition
STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606 CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE 3.1 TITLE D NAME BEBEAU, EUGENE R M.D. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE 3.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE 4.1 TITLE D CAHILL, JAMES D M.D. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE 5.1 TITLE D Change Addition Change Addition	1		□ nere i e	1 -		}	•		}
CITY-ST-ZIP JACKSONVILLE FL 32207 2.4 CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE 3.1 TITLE D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE 4.1 TITLE D CAHILL, JAMES D M.D. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE CAHILL, JAMES D M.D. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE CALZADA, JAIME R M.D.			14						
DELETE D	STREET ADDRESS		76			{			}
NAME BEBEAU, EUGENE R M.D. 32 NAME 32 NAME STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606 3.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE 4.1 TITLE Change Addition Additio			□ DELETE			- <u>ZIP</u>		Change	Addition
STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP JACKSONVILLE FL 32207 DELETE A1 TITLE CAHILL, JAMES D M.D. STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606 4.2 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 TITLE D DELETE 5.1 TITLE CALZADA, JAIME R M.D.			Dottele	1					_
CITY-ST-ZIP			20		_	DDDEEC			}
TITLE D DELETE 4.1 TITLE Change Addition NAME CAHILL, JAMES D M.D. 4.2 NAME STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606 4.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 4.4 CITY-ST-ZIP TITLE D DELETE 5.1 TITLE NAME CALZADA, JAIME R M.D. 5.2 NAME	-	· · · · · · · · · · · · · · · · · · ·	ю.	Ŀ					1
NAME				_		-21		Change	Addition
STREET ADDRESS 820 PRUDENTIAL DR., SUITE 606 4.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 1TITLE D CALZADA, JAIME R M.D. 4.4 CITY-ST-ZIP CALZADA, JAIME R M.D. 5.2 NAME								_ •	_
CITY-ST-ZIP JACKSONVILLE FL 32207 4.4 CITY-ST-ZIP TITLE D DELETE 5.1 TITLE Change Addition NAME CALZADA, JAIME R M.D. 5.2 NAME Addition			né	ı		ADORESS !			}
TITLE D Change Addition NAME CALZADA, JAIME R M.D. 5.1 TITLE 5.2 NAME		_	Ю						
NAME CALZADA, JAIME R M.D.			□ DELFTE			<u> </u>		Change	Addition
	STREET ADDRESS		16	5.3 ST	TREET	ADDRESS			ĺ

ACKSONVILE FL 32207

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

D

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

JACKSONVILLE FL 32207

JACOBS, WILLIAM S M.D.

820 PRUDENTIAL DR., SUITE 606

Mark W. KRAMP 12

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

1-904-398-3330

☐ Addition

Change

CR2E034 (11/98)

FILED Feb 25, 1999 8:00 am

Secretary of State

02-25-1999 90094 028 ***150.00