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

FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90011 019 ****150.00

DOCUMENT # **P96000094644**

1. Corporation Name

SURFSIDE ANESTHESIA SERVICES, INC.

Principal Place of Business	Mailing Address
150 SW 12TH AVENUE SUITE 480 POMPANO BEACH FL 33069	P.O. BOX 21026 FT LAUDERDALE FL 33355

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business `21`	**2a. Mailing Address** `26`	**3. Date Incorporated or Qualifed** 11/15/1996
Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`	**4. FEI Number** 65-0718526 / Applied For / Not Applicable
City & State `23`	City & State `28`	**5. Certifcate of Status Desired** ☐ $8.75 Additional Fee Required
Zip `24` Country `25`	Zip `29` Country `30`	**6. Election Campaign Financing Trust Fund Contribution** ☐ $5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No

9. Name and Address of Current Registered Agent

FREUND, IRWIN B
10729 SW 104TH STREET
MIAMI FL 33176

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 _____ DATE 1/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PST**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **DEMEO, RONALD F**		1.2 NAME	
STREET ADDRESS **2474 S.W. 27TH TERRACE**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33133**		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/21/99   Daytime Phone # 954-454-1780

CR2E034 (11/98)