

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 # **S62193** (5)

1. Corporation Name
BAYFRONT ANESTHESIA SERVICES, P.A.



Principal Place of Business

Mailing Address

~~3839 4TH ST N #430~~
ST PETERSBURG FL 33702

~~3839 4TH ST N #430~~
ST PETERSBURG FL 33702

2. Principal Place of Business		2a. Mailing Address	
21	3637 4th St North	26	3637 4th St North
22	Suite 400	27	Suite 400
23	St. Petersburg FL	28	St. Petersburg FL
24	33704	29	33704
25	Pinellas	30	Pinellas

3. Date Incorporated or Qualified	3a. Date of Last Report
06/24/1991	10/02/1995
4. FEI Number	Applied For / Not Applicable
59-3072468	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARDER, JEFFREY
~~3839 4TH ST N #430~~
ST PETERSBURG FL 33702

81	Name	JEFFREY MARDER
82	Street Address (P.O. Box Number is Not Acceptable)	3637 4th STREET North #400
83		
84	City	St. Petersburg FL
85	Zip Code	33704

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 for 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

Jeffrey Marder 2/23/96

Signature of Registered Agent (Print Name and Title of the Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	Director
NAME	ALMENGUAL, ALAN	12. NAME	BILL EVANS
STREET ADDRESS	746 18TH AVENUE N.E.	13. STREET ADDRESS	751 PINELLAS BAYWAY #105
CITY-STATE-ZIP	ST PETERSBURG FL	14. CITY-STATE-ZIP	TIERRA VERDE FL 33715
TITLE	D	2. TITLE	
NAME	MARDER, JEFFREY	22. NAME	
STREET ADDRESS	300 8TH AVE NE	23. STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL	24. CITY-STATE-ZIP	
TITLE	D	3. TITLE	
NAME	SABADISH, JOSEPH	32. NAME	
STREET ADDRESS	1969 72ND AVE NE	33. STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL	34. CITY-STATE-ZIP	
TITLE	D	4. TITLE	
NAME	SHAH, KOKILA	42. NAME	
STREET ADDRESS	7469 18TH ST NE	43. STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL	44. CITY-STATE-ZIP	
TITLE	D	5. TITLE	
NAME	SCHAFFER, ROBIN	52. NAME	
STREET ADDRESS	2052 CAROLINA AVE NE	53. STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL	54. CITY-STATE-ZIP	
TITLE	P	6. TITLE	
NAME	LUDNER, CONFIDENT	62. NAME	
STREET ADDRESS	1416 - 72ND AVE., N.E.	63. STREET ADDRESS	
CITY-STATE-ZIP	ST. PETERSBURG FL	64. 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)(g), 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:

Jeffrey Marder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

813-823 2188

CR2E034 (12/95)