

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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S62193 (5)

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



Principal Place of Business 3637 4TH ST. NORTH SUITE 400 ST PETERSBURG FL 33704 US	Mailing Address 3637 4TH ST. NORTH SUITE 400 ST PETERSBURG FL 33704 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 30
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3. Date Incorporated or Qualified 06/24/1991	4. FEI Number 59-3072468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MARDER, JEFFREY
 3637 4TH STREET NORTH #400
 ST PETERSBURG FL 33704**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ALMENGUAL, ALAN
STREET ADDRESS	740 10TH AVENUE NE. 968 Monterey Point N.E
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MARDER, JEFFREY
STREET ADDRESS	300 8TH AVE NE 998 Lake Placido Ct. NE
CITY-ST-ZIP	ST PETERSBURG FL 33703
TITLE	D <input type="checkbox"/> DELETE
NAME	SABADISH, JOSEPH
STREET ADDRESS	1969 72ND AVE NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SHAH, KOKILA
STREET ADDRESS	7469 18TH ST NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHAFFER, ROBIN
STREET ADDRESS	2052 CAROLINA AVE NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	P <input type="checkbox"/> DELETE
NAME	LUDNER, CONFIDENT
STREET ADDRESS	1416 - 72ND AVE., N.E.
CITY-ST-ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BILL EVANS
1.3 STREET ADDRESS	390 4th Av North
1.4 CITY-ST-ZIP	Tierra Verde FL 33715
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TORTORICE, BERNARD
2.3 STREET ADDRESS	127 Bay Point Drive NE
2.4 CITY-ST-ZIP	St. Petersburg FL 33704
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	50000244879E <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-03/06/98--01006--021
5.3 STREET ADDRESS	***163.75
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *[Signature]* **2-26-98**

CR2E034 (10/97)