

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State
 09-01-1999 90013 009 ***558.75



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT
1999

DOCUMENT # **S62193** ✓
 1. Corporation Name
BAYFRONT ANESTHESIA SERVICES, P.A.



Principal Place of Business Mailing Address
3637 4TH ST. NORTH **3637 4TH ST. NORTH**
SUITE 400 **SUITE 400**
ST PETERSBURG FL 33704 **ST PETERSBURG FL 33704**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/24/1991

4. FEI Number **59-3072468** 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 owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

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 _____
 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** DELETE

NAME **ALMENGUAL, ALAN**

STREET ADDRESS **968 MONTEREY POINT N.E.**

CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** DELETE

NAME **MARDER, JEFFREY**

STREET ADDRESS **998 LAKE PLACIDO CT. NE**

CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE **D** DELETE

NAME **SABADISH, JOSEPH**

STREET ADDRESS **1969 72ND AVE NE**

CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** DELETE

NAME **SHAH, KOKILA**

STREET ADDRESS **7469 18TH ST NE**

CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** DELETE

NAME **SCHAFFER, ROBIN**

STREET ADDRESS **2052 CAROLINA AVE NE**

CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **P** 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 Change Addition

1.2 NAME **BILL EVANS**

1.3 STREET ADDRESS **390 4TH AV North**

1.4 CITY-ST-ZIP **Tienna Verde FL 33715**

2.1 TITLE Change Addition

2.2 NAME **BERNARD TORTORICE**

2.3 STREET ADDRESS **127 BAY POINT DRIVE**

2.4 CITY-ST-ZIP **ST. PETERSBURG FL 33704**

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 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]* **8-30-99**

CR2E034 (5/99)