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).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

BAYFRONT ANESTHESIA SERVICES, P.A.

				•				I LOGINGIO HIG BHILD HIGH HAND LANDE HILL	Midti didir atarı		
Principal Place			Mailing A								
3637 4TH ST.	NORTH			H ST. NORTH							
SUITE 400				SUITE 400				DO MOT MIDITE IN THIS SPACE			
ST PETERSBURG FL 33704			US US	ST PETERSBURG FL 33704				DO NOT WRITE IN THIS SPACE			
บร			05					3. Date Incorporated or Qualified			
								06/24/1991			
2. Principal Place of Business			2a. Mailir	2a. Mailing Address				4. FEI Number	<u></u>	Applied For	
21			26	26				<u>59-3072468</u>	59-3072468 Not Applica		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	5 Additional	
22			27					5. Certificate of Status Desired	• Fee	Required	
City & State				City & State				6. Election Campaign Financing	\$5.	00 May Be	
23			28	28				Trust Fund Contribution Added to Fees			
Zip	p Country			Zip Country				8. This corporation owes the current year			
 7	Ţ.	25	29		30	•		Intangible Personal Property.	Yes	No	
24 25 9. Name and Address of Current								10. Name and Address of New Registered Agent			
<u> </u>	3. Haino	and Addicas of Carrent	regiotorou	7.go		81	Name				
MAI	RDER. JEFF	REY									
		EET NORTH #400				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
		RG FL 33704				1					
31	FEIENODO	TO TE SOLVE				83					
						84	City		85	Zip Code	
	43 6 6						O.K.y		FL " '		
								poration submits this statement for the purpose	of changing it	s registered	
11. Pursuant	to the provisi	ions of sections 607 0502	and 607.150	8, Florida Statut	es, the a	bove-r	named cor	peration outsime the endeathers in the perpendicular		a rogiotal e	
l office or i	reaistered aa	ions of sections 607.0502 ent, or both, in the State	of Florida. Su	ich change was	authonze	ad by a	the corpor	ration's board of directors. I hereby accept the a	ppointment a	s registered	
l office or i	reaistered aa	ions of sections 607 0502	of Florida. Su	ich change was	authonze	ad by a	the corpor	ation's board of directors. I hereby accept the a	ppointment a	s registered	
office or agent. I a	registered ag am familiar wi	ions of sections 607.0502 ent, or both, in the State ith, and accept the obliga	of Florida. Su tions of, secti	ich change was ion 607.0505, F	authorize lorida Sta	ed by stutes.	the corpor	ation's board of directors. I hereby accept the a	ppointment a	s registered	
office or i agent. I a	registered ag am familiar wi	ions of sections 607.0502 ent, or both, in the State ith, and accept the obliga or printed name of registered agent	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F	authorize lorida Sta	ed by stutes.	the corpor	ration's board of difectors. I hereby accept the a	ppointment a	s registered	
office or agent. I a	registered ag am familiar wi Signature, typed o	ions of sections 607.0502 ent, or both, in the State ith, and accept the obliga	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F	authorize lorida Sta IOTE: Regist	atutes.	the corpor	required when reinstating) ADDITIONS/CHANGES TO OFFICER:	TE S AND DIRE	CTORS IN 12	
office or agent. I a SIGNATURE 12. TITLE	registered ag am familiar wi Signature, typed o	ions of sections 607.0502 ent, or both, in the State ith, and accept the obliga or printed name of registered agent OFFICERS ANI	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F	authorize lorida Sta	ed by tatutes. Hered Ag	the corpor	required when reinstating) ADDITIONS/CHANGES TO OFFICER:	ppointment a	CTORS IN 12	
office or agent. I a SIGNATURE . 12. TITLE NAME	registered ag arm familiar wi Signature, typed of D ALMENG	ions of sections 607.0502 ent, or both, in the State ith, and accept the obliga or printed name of registered agent OFFICERS AND	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F	authorize lorida Sta IOTE: Regist 13. 1.1 T	ed by stutes. Hered Ag ITLE	the corpor	required when reinstating) ADDITIONS/CHANGES TO OFFICER:	TE S AND DIRE	CTORS IN 12	
office or agent. I a SIGNATURE 12. TITLE	registered ag am familiar wi Signature, typed of D ALMENG 968 MON	ions of sections 607.0502 ent, or both, in the State ith, and accept the obliga or printed name of registered agent OFFICERS AND SUAL, ALAN STERY POINT N.E.	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F	authorize lorida Sta IOTE: Regist 13. 1.1 T	ed by stutes. Hered Ag ITLE	the corpor	required when reinstating) ADDITIONS/CHANGES TO OFFICER:	TE S AND DIRE	CTORS IN 12	
office or agent. I a SIGNATURE . 12. TITLE NAME	pegistered agarn familiar with Signature, typed of ALMENG 968 MON	ions of sections 607.0502 ent, or both, in the State ith, and accept the obliga or printed name of registered agent OFFICERS AND	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F	authonze lorida Sta IOTE: Regist 13. 1.1 T 1.2 N 1.3 S 1.4 O	lered Ag TITLE VAME	the corpor	required when reinstating) ADDITIONS/CHANGES TO OFFICER:	TE S AND DIRE	CTORS IN 12	
office or agent. I a SIGNATURE . 12. TITLE NAME STREET ADDRESS	pegistered agam familiar wi Signature, typed of D ALMENG 968 MON ST PETE D	ent, or both, in the State eith, and accept the obligator printed name of registered agent OFFICERS AND UAL, ALAN STERY POINT N.E.	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F	authorize lorida Sta IOTE: Regist 1.3 1.1 T 1.2 N	lered Ag TITLE VAME	the corpor	required when reinstating) ADDITIONS/CHANGES TO OFFICER:	TE S AND DIRE	CTORS IN 12	
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	pegistered agam familiar wi Signature, typed of D ALMENG 968 MON ST PETE D	ions of sections 607.0502 ent, or both, in the State ith, and accept the obliga or printed name of registered agent OFFICERS AND SUAL, ALAN STERY POINT N.E.	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F.	authorize lorida Sta IOTE: Regist 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	lered Ag TITLE VAME	the corpor	required when reinstating) ADDITIONS/CHANGES TO OFFICER:	TE S AND DIRE	CTORS IN 12	
office or agent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	pegistered agam familiar wi Signature, typed of D ALMENG 968 MON ST PETE D MARDER	ent, or both, in the State eith, and accept the obligator printed name of registered agent OFFICERS AND UAL, ALAN STERY POINT N.E.	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F.	authonze lorida Sta 13. 1.1.T 1.2.N 1.3.S 1.4.C 2.1.T	lered Ag TITLE NAME TITLE TREET A TITLE NAME	the corpor	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRECTOR Char	CTORS IN 12 age Addition Addition	
office or ragent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pegistered agarn familiar wi Signature, typed of ALMENG 968 MON ST PETE D MARDER 998 LAK	ent, or both, in the State eith, and accept the obligator printed name of registered agent OFFICERS AND STERY POINT N.E. RSBURG FL. I, JEFFREY E PLACIDO CT. NE	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F.	authonze aut	lered Ag TITLE NAME TITLE TREET A TITLE NAME	and the corpor	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRECTOR Char	CTORS IN 12 age Addition Addition	
office or I agent. I a gent. I a SIGNATURE . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	pegistered agarn familiar wi Signature, typed of ALMENG 968 MON ST PETE D MARDER 998 LAK	ent, or both, in the State eith, and accept the obligator printed name of registered agent OFFICERS AND UAL, ALAN STERY POINT N.E. RSBURG FL	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F.	authonze aut	ed by states. Bered Ag TITLE HAME TREET A TITLE HAME TREET A TREET A TREET A	and the corpor	required when reinstating) ADDITIONS/CHANGES TO OFFICER:	TE S AND DIRECTOR Char	CTORS IN 12 ge Addition	
office or i agent. I a gent. I a gent. I a signature . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	pegistered ag arm familiar with signature, typed of the signature, typed of th	ions of sections 607 0502 ent, or both, in the State ith, and accept the obliga or printed name of registered agent OFFICERS AND ITERY POINT N.E. RSBURG FL I, JEFFREY E PLACIDO CT. NE IRSBURG FL 33703	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F.	authonzelorida Stallorida Stallor	lered Ag TITLE NAME TITLE NAME TITLE NAME TREET A TITLE NAME TREET A TITLE TREET A TITLE TREET A TITLE	and the corpor	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRE Char 775 Char	CTORS IN 12 ge Addition	
office or ragent. I a gent. I a signature . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	pegistered ag arm familiar with signature, typed of the signature, typed of th	ions of sections 607 0502 ent, or both, in the State eith, and accept the obliga or printed name of registered agent OFFICERS AND STERY POINT N.E. RSBURG FL I, JEFFREY E PLACIDO CT. NE IRSBURG FL 33703 EH, JOSEPH	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F.	authonzelorida Stallorida Stallor	lered Ag TITLE NAME TITLE NAME TREET /	ADDRESS ZIP	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRE Char 775 Char	CTORS IN 12 ge Addition	
office or i agent. I a gent. I a gent. I a signature . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pegistered ag arm familiar with signature, typed of the period of the pe	ions of sections 607 0502 ent, or both, in the State ith, and accept the obliga or printed name of registered agent OFFICERS AND STERY POINT N.E. RSBURG FL I, JEFFREY E PLACIDO CT. NE RSBURG FL 33703 EH, JOSEPH ND AVE NE	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F.	authonzelorida Stallorida Stallor	and by states. Although the states of the s	ADDRESS ZIP ADDRESS ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRE Char 775 Char	CTORS IN 12 ge Addition	
office of I agent. I a agent. I a signature . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	pegistered ag arm familiar with Signature, typed of ALMENG 968 MON ST PETE D MARDER 998 LAK ST PETE D SABADIS 1969 721 ST PETE	ions of sections 607 0502 ent, or both, in the State eith, and accept the obliga or printed name of registered agent OFFICERS AND STERY POINT N.E. RSBURG FL I, JEFFREY E PLACIDO CT. NE IRSBURG FL 33703 EH, JOSEPH	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F. ible (N RS DELETE DELETE DELETE	authonzelorida Stallorida Stallor	ad by structure and the struct	ADDRESS ZIP ADDRESS ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRE Char Char	CTORS IN 12 Ige Addition Addition Addition	
office or i agent. I a gent. I a gent. I a signature . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pegistered ag arm familiar with signature, typed of the signature, typed of th	ions of sections 607 0502 ent, or both, in the State ent, or both, in the State ith, and accept the obliga or printed name of registered agent OFFICERS AND OFFIC	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F.	authonzelorida Stallorida Stallor	and by statutes. Intered age of the statutes	ADDRESS ZIP ADDRESS ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRE Char 775 Char	CTORS IN 12 Ige Addition Addition Addition	
office of I agent. I a agent. I a signature . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	pegistered ag arm familiar with signature, typed of the signature, typed of th	ions of sections 607 0502 ent, or both, in the State ent, or both, in the State ith, and accept the obliga or printed name of registered agent OFFICERS AND OFFIC	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F. ible (N RS DELETE DELETE DELETE	authorize 13	ad by structure and the struct	ADDRESS ZIP ADDRESS ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRE Char Char	CTORS IN 12 Ige Addition Addition Addition	
office of I agent. I a agent. I a signature . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	pegistered ag arm familiar with signature, typed of the signature, typed of th	ions of sections 607 0502 ent, or both, in the State ent, or both, in the State ith, and accept the obliga or printed name of registered agent OFFICERS AND OFFIC	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F. ible (N RS DELETE DELETE DELETE	authorize 13	THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TABLE TO THE TABLE TABLE TO THE TABLE TA	ADDRESS ZIP ADDRESS ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRE Char Char	CTORS IN 12 Ige Addition Addition Addition	
office of I agent. I a agent. I a signature . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ALMENG 968 MON ST PETE D MARDER 998 LAK ST PETE D SABADIS 1969 72I ST PETE D SHAH, K 7469 181	ions of sections 607 0502 ent, or both, in the State ent, or both, in the State ith, and accept the obliga or printed name of registered agent OFFICERS AND OFFIC	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F. ible (N RS DELETE DELETE DELETE	authonzelorida Stallorida Stallor	THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TABLE TO THE TABLE TABLE TO THE TABLE TA	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRE Char Char	CTORS IN 12 Ige Addition Addition Addition	
office of I agent. I a agent. I a signature . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ALMENG 968 MON ST PETE D MARDER 998 LAK ST PETE D SABADIS 1969 72I ST PETE D SHAH, K 7469 181	ions of sections 607 0502 ent, or both, in the State ent, or both, in the State ent, or both, in the State ent, and accept the obliga or printed name of registered agent OFFICERS AND OFFI	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F	authorize 13	Lered Age	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRE Char Char	CTORS IN 12 Inge Addition Addition Addition Addition Addition	
office of I agent. I a agent. I a signature . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMENG 968 MON ST PETE D MARDER 998 LAK ST PETE D SABADIS 1969 72I ST PETE D SHAH, K 7469 181 ST PETE D	ions of sections 607 0502 ent, or both, in the State ent, or both, in the State eith, and accept the obliga or printed name of registered agent OFFICERS AND OFFI	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F. ible (N RS DELETE DELETE DELETE	authorize 13	TITLE NAME TITLE TITLE NAME TITLE TITLE NAME TITLE TITLE	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRE Char Char Char	CTORS IN 12 Inge Addition Addition Addition Addition Addition	
office of I agent. I a agent. I a agent. I a signature . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ALMENG 968 MON ST PETE D MARDER 998 LAK ST PETE D SABADIS 1969 72I ST PETE D SHAH, K 7469 181 ST PETE D SCHAFF	ions of sections 607 0502 ent, or both, in the State ent, or both, in the State eith, and accept the obliga or printed name of registered agent OFFICERS AND STERY POINT N.E. RSBURG FL I, JEFFREY E PLACIDO CT. NE RSBURG FL 33703 EH, JOSEPH ND AVE NE RSBURG FL OKILA ITH ST NE RSBURG FL ER, ROBIN	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F	authorize 13. 13. 14. 13. 14. 14. 15. 16. 17. 18	AND THE STREET A STRE	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRE Char Char Char	CTORS IN 12 Inge Addition Addition Addition Addition Addition	
office of the agent. I agent.	pegistered ag arm familiar with signature, typed of the period of the pe	ions of sections 607 0502 ent, or both, in the State ent, or both, in the State eith, and accept the obliga or printed name of registered agent OFFICERS AND OFFI	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F	authonze lorida Stational la l	atutes. Altered Age Title Ame Title Title Ame Title T	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRE Char Char Char	CTORS IN 12 Inge Addition Addition Addition Addition Addition	
office of I agent. I a agent. I a agent. I a signature . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pegistered ag arm familiar with signature, typed of the period of the pe	ions of sections 607 0502 ent, or both, in the State ent, or both, in the State eith, and accept the obliga or printed name of registered agent OFFICERS AND STERY POINT N.E. RSBURG FL I, JEFFREY E PLACIDO CT. NE RSBURG FL 33703 EH, JOSEPH ND AVE NE RSBURG FL OKILA ITH ST NE RSBURG FL ER, ROBIN	of Florida. Su tions of, secti and title if applical	ich change was ion 607.0505, F	authonze lorida Stational la l	atutes. Attack Age Attack Ag	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D BILL EVANS 390 AM AV NOTH Tierra Vende Fe 3 BERNALD TORTORICE 127 BAY POINT MIVE	TE S AND DIRE Char Char Char	CTORS IN 12 Inge Addition Addition Addition Addition Addition Addition Addition Addition Addition	

SIGNATURE:

LUDNER, CONFIDENT

ST. PETERSBURG FL

1416 - 72ND AVE., N.E.

STREET ADDRESS

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 or an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90013 009 ***558.75