

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 # **S91769** (7)

1. Corporation Name
OSCEOLA ANESTHESIA SERVICE, M.D. P.A.



Principal Place of Business Mailing Address
**407 W OAK ST
KISSIMMEE FL 34741
US**

3. Date Incorporated or Qualified **11/04/1991** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-3091852** 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 has liability for intangible tax under s. 199.032, Florida Statutes 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 28. Zip Country 29. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**BAMBA-DAGANI, CARMELITA
800 W OAK ST
KISSIMMEE FL 34741**

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 607.0501 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, which is 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 607.0501, Florida Statutes.

SIGNATURE: *Dr. Albert Bogdanowitsch* (Sec.)
Signature of officer or director of corporation or registered agent, if the corporation is a partnership.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	ALCANTARA, EVELYN (M.D.)
STREET ADDRESS	3728 HUNTERS ISLE DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BODGANOWITSCH, ALBERT (D.O.)
STREET ADDRESS	161 TRISMEN TERR
CITY-ST-ZIP	WINTER PARK FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BAMBA-DAGANI, CARMELITA M
STREET ADDRESS	2318 INDIAN MOUND TRAIL
CITY-ST-ZIP	KISSIMMEE FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	DE LA RIVA, RAFAEL (M.D.)
STREET ADDRESS	10514 DOWN LAKEVIEW CIRCLE
CITY-ST-ZIP	ORLANDO FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	VAZQUEZ, MANUEL (M.D.)
STREET ADDRESS	1909 CROSSHAIR CIRCLE
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jose M. Luayon, M.D.
1.3 STREET ADDRESS	2326 Robert Court
1.4 CITY-ST-ZIP	Kissimmee, FL 34741
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Evelyn Alcantara, M.D.
2.3 STREET ADDRESS	3728 Hunters Isle Dr.
2.4 CITY-ST-ZIP	Orlando FL 32837
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Albert Bogdanowitsch, D.O.
3.3 STREET ADDRESS	161 Trismen Terrace
3.4 CITY-ST-ZIP	Winter Park, FL 32789
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rafael de la Rive, M.D.
4.3 STREET ADDRESS	10514 Down Lakeview Circle
4.4 CITY-ST-ZIP	Windemere FL 34786
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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)(k), 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 a registered agent 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 attached list of names and addresses.

SIGNATURE: *Dr. Albert Bogdanowitsch* (Sec.)
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)933-0983
Date: Daytime Phone #

CR2E034 (12/95)