

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1996.
AMOUNT DUE ON OR BEFORE 8/3/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

**APPROVED
AND
FILED**

95 JUN 23 AM 9:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # V66426 (0)

**1. Corporation Name
ADVANTAGE ANESTHESIA, P.A.**

Principal Place of Business Mailing Address
6100 MIDNIGHT PASS RD BOX 330
UNIT 201 1149 COOULLE 15 CROSSROADS
SARASOTA FL 34242 SARASOTA FL 34239
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/24/1992 **3a. Date of Last Report 04/21/1994**

4. FEI Number 65-0361556 **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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Sarasota Cataract Institute 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 3920 Bee Ridge Road 27
 Building F, Suite C
 City & State City & State
23 Sarasota Florida 28
 Zip County Zip Country
24 34233 25 USA 29 30

9. Name and Address of Current Registered Agent

MCLAUGHLIN, JAN
1310 MANASOTA BEACH ROAD
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

B1 Name McLaughlin, Jan
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 3920 Bee Ridge Road
B4 Building F, Suite C
City Sarasota FL 85 Zip Code 34233

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 *Jan S. McLaughlin* **NOTE: Registered Agent signature required when reappointing** **DATE 6-14-95**

12. OFFICERS AND DIRECTORS

TITLE D
NAME MCLAUGHLIN, JAN
STREET ADDRESS 1310 MANASOTA BEACH RD
CITY - ST - ZIP ENGLEWOOD FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE D
1.2 NAME McLaughlin, Jan
1.3 STREET ADDRESS 3920 Bee Ridge Road, Building F, Suite C
1.4 CITY - ST - ZIP Sarasota, Florida 34233

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 000001524630
2.4 CITY - ST - ZIP -06/27/95--01086--008
******225.00 ****225.00**

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

6/23/95 MJK

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 110.07(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 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: *Jan S. McLaughlin* **DATE 6-14-95** **1-800-282-2762**

CR2E034 (3/95)