

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V66426** (0)

1. Corporation Name

ADVANTAGE ANESTHESIA, P.A.



Principal Place of Business

Mailing Address

SARASOTA CATARACT INSTITUTE
3920 BEE RIDGE ROAD BUILDING F SUITE C
SARASOTA FL 34233
US

BOX 330
15 CROSSROADS
SARASOTA FL 34239
US

3. Date incorporated or Qualified	3a. Date of Last Report
09/24/1992	06/23/1995
4. FEI Number	Applied For
65-0361556	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Advantage Anesthesia
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 15 Crossroads, Box 330
City & State

27 City & State

23 Sarasota Florida

28 City & State

24 Zip 34239

25 Country USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLAUGHLIN, JAN
3923 BEE RIDGE ROAD
BUILDING F SUITE C
SARASOTA FL 34233

81 Name	Mclaughlin, Jan
82 Street Address (P.O. Box Number is Not Acceptable)	3920 Bee Ridge Road
83 Building	Building B Suite C
84 City	Sarasota
85 Zip Code	FL 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

4/12/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, JAN	
STREET ADDRESS	3920 BEE RIDGE ROAD, BUILDING F, SUITE C	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mclaughlin, Jan	
1.3 STREET ADDRESS	3920 Bee Ridge Road, Building B, Suite C	
1.4 CITY-ST-ZIP	Sarasota, Florida 34233	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		<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 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

4/12/96

DATE

Daytime Phone #

CR2E034 (12/95)