

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:39

DOCUMENT # 555239 (3)

1. Corporation Name
**ANESTHESIA ASSOCIATES OF SOUTHWEST FLORIDA, M.D.
. P.A.**

Principal Place of Business Mailing Address
**3949 EVANS AVE. SUITE 102 LANDMARK BLDG
FORT MYERS FL 33901** **3949 EVANS AVE. SUITE 102 LANDMARK BLDG
FORT MYERS FL 33901**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
12/13/1977 **04/11/1994**

4. FEI Number Applied For
59-1783020 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution 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	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIGLIORE, ANTHONY MD
3942 EVANS AVE STE 102
FT. MYERS FL 33901**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when re-registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDDEN, MICHAEL	1.2 NAME	
STREET ADDRESS	13587 BRYNWOOD LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS, FL 00000	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANALI, SEMEON	2.2 NAME	
STREET ADDRESS	1821 CORAL CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	N. FT. MYERS FL	2.4 CITY - ST - ZIP	
TITLE	I	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EID, ROBERT E	3.2 NAME	
STREET ADDRESS	3949 EVANS SUITE 102	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGLIORE, ANTHONY D	4.2 NAME	
STREET ADDRESS	4510 N KEY DR. #803	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO, ROBERT P	5.2 NAME	
STREET ADDRESS	2682 SHRIVER DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS, FL 00000	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISBEE, CHARLES A.	6.2 NAME	
STREET ADDRESS	5828 RIVERSIDE LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	FTMYERS FL	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 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: *Robert Eid* 4-5-95