FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J58529** **(5)**

1. Corporation Name

GOLD COAST ANESTHESIA INC.

Principal Place of Business	Mailing Address
8259 155TH PL N PALM BEACH GARDENS FL 33418-1825 US	8259 155TH PL N PALM BEACH GARDENS FL 33418-1825 US

3. Date Incorporated or Qualified: 02/17/1987
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business	2a. Mailing Address
21 3650 E. Sandpiper Dr.	26 3650 E. Sandpiper Dr.
22 Suite, Apt. #, etc. #2	27 Suite, Apt. #, etc. #2
23 City & State Boynton Beach, Fl.	28 City & State Boynton Beach, Fl.
24 Zip 33436-2457 25 Country Palm Beach	29 Zip 33436-2457 30 Country Palm Beach

4. FEI Number: 59-2760742 — ☐ 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

9. Name and Address of Current Registered Agent

LEE, CARLA P.
5160 WOODSTONE CIRCLE (EAST)
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name: Paul Lee
82 Street Address (P.O. Box Number is Not Acceptable): 3650 E. Sandpiper Dr. #2
83
84 City: Boynton Beach FL 85 Zip Code: 33436-2457

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: Paul Lee — DATE: 1/29/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	LEE, CARLA P.		1.2 NAME	Paul Lee	
STREET ADDRESS	8259 155TH PL N		1.3 STREET ADDRESS	3650 E. Sandpiper Dr. #2	
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP	Boynton Beach, FL. 33436-2457	
TITLE	VP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEE, PAUL ALLEN		2.2 NAME		
STREET ADDRESS	8259 155TH PL N		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Paul Lee — Paul Lee — 1/29/96 — 407-737-9122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #