

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 # 555239 (3)

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



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

3. Date Incorporated or Qualified: 12/13/1977
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip
25. Country
29. Zip
30. Country

4. FEI Number: 59-1783920
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: MIGLIORE, ANTHONY MD, 3942 EVANS AVE STE 102, FT. MYERS FL 33901
10. Name and Address of New Registered Agent (81-85):
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reissuing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE: S | NAME: HEDDEN, MICHAEL STREET ADDRESS: 13587 BRYNWOOD LANE CITY-ST-ZIP: FT MYERS, FL 00000 | 1.1 TITLE: D | 1.2 NAME: Shucavage, Bernard 1.3 STREET ADDRESS: 7209 Hendry Creek Dr Fort Myers, FL 33908 |
| TITLE: P | NAME: MANALILI, SEMEON STREET ADDRESS: 1821 CORAL CIRCLE CITY-ST-ZIP: N. FT. MYERS FL | 2.1 TITLE: D | 2.2 NAME: Turner, Robert 2.3 STREET ADDRESS: 16248 Forest Oak Drive Fort Myers, FL 33908 |
| TITLE: T | NAME: EID, ROBERT E STREET ADDRESS: 3949 EVANS SUITE 102 CITY-ST-ZIP: FT MYERS, FL 00000 | 3.1 TITLE: D | 3.2 NAME: Nicotra, Joseph 3.3 STREET ADDRESS: 1855 Seafan Circle N. Fort Myers, FL 33903 |
| TITLE: D | NAME: MIGLIORE, ANTHONY D STREET ADDRESS: 4510 N KEY DR. #803 CITY-ST-ZIP: FT MYERS, FL 00000 | 4.1 TITLE: | 4.2 NAME: |
| TITLE: D | NAME: ANTONIO, ROBERT P STREET ADDRESS: 2682 SHRIVER DR CITY-ST-ZIP: FT MYERS, FL 00000 | 5.1 TITLE: | 5.2 NAME: |
| TITLE: D | NAME: BISBEE, CHARLES A. STREET ADDRESS: 5828 RIVERSIDE LANE CITY-ST-ZIP: FTMYERS FL | 6.1 TITLE: | 6.2 NAME: |

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: *Simeon P Manalili MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-4-94 Daytime Phone #: 941-939-4937

CR2E034 (12/95)