

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000057744 (3)

1. Corporation Name
INTERNATIONAL ANESTHESIA SERVICES, P.A.

Principal Place of Business

777 EAST 25TH ST.
SUITE 219
HIALEAH FL 33013

Mailing Address

777 EAST 25TH ST.
SUITE 219
HIALEAH FL 33013-3850

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SAKOWITZ, ALAN
1111 KANE CONCOURSE
STE. 401
BAY HARBOR ISLANDS FL 33154

3. Date Incorporated or Qualified

08/13/1993

3a. Date of Last Report

10/24/1996

4. FEI Number

65-0429238

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S DIAZ-LANDA, RICARDO M.D.
777 E. 25TH STREET #219
HIALEAH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P SELEM, JOSE M.D.
777 E. 25TH STREET #219
HIALEAH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D GARCIA, BASILO M.D.
777 E. 25TH STREET #219
HIALEAH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D GONZALEZ, CARLOS M.D.
777 E. 25TH STREET, #219
HIALEAH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D DIAZ, M.D., MARIO
777 E. 25 STREET #219
HIALEAH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SANCHEZ-MEDIO, M.D., JORGE
777 E. 25 STREET #219
HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

S ☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

T ☒ 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

P ☒ Change ☐ Addition

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

Vp ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE: [Signature] DATE: 3/25/97

FILED
May 13 1997 8:00am
Secretary of State



CR2E034 (9/96)