

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

**FILED**

**May 21 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 555239 (3)**  
1. Corporation Name  
**ANESTHESIA ASSOCIATES OF SOUTHWEST FLORIDA, M.D., P.A.**



Principal Place of Business <b>3949 EVANS AVE. SUITE 102 LANDMARK BLDG FORT MYERS FL 33901</b>	Mailing Address <b>3949 EVANS AVE. SUITE 102 LANDMARK BLDG FORT MYERS FL 33901</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Country	<b>25</b> Zip
<b>29</b> Country	<b>30</b> Zip

<b>3.</b> Date Incorporated or Qualified <b>12/13/1977</b>	
<b>4.</b> FEI Number <b>59-1783920</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEDDEN, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>13587 BRYNWOOD LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANALI, SEMEON</b>	2.2 NAME	
STREET ADDRESS	<b>1821 CORAL CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EID, ROBERT E</b>	3.2 NAME	
STREET ADDRESS	<b>3949 EVANS SUITE 102</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIGLIORE, ANTHONY D</b>	4.2 NAME	
STREET ADDRESS	<b>4510 N KEY DR. #803</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTONIO, ROBERT P</b>	5.2 NAME	
STREET ADDRESS	<b>2882 SHRIVER DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BISBEE, CHARLES A.</b>	6.2 NAME	
STREET ADDRESS	<b>5828 RIVERSIDE LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FTMYERS FL</b>	6.4 CITY-ST-ZIP	

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**14.** I 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]* **14th JCY 941-939-1927**

CR2E034 (10/97)