FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:59

DOCUMENT # **466968** (5)

1. Corporation Name
DELLERSON ANESTHESIA GROUP, P.A.

Principal Place of Business	Mailing Address
109C JFK CIRCLE ATLANTIS FL 33462	109C JFK CIRCLE ATLANTIS FL 33462

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1974
3a. Date of Last Report: 01/25/1994

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

4. FEI Number: 59-1567644 ☐ 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

REINSTEIN, JOEL ESQUIRE
5355 TOWN CENTER RD, SUITE 801
19495 BISCAYNE BLVD. #606
BOCA RATON FL 33486

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 printed 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	S	1.1 TITLE	VP	☐ Change ☑ Addition
NAME	GORFINE, LAWRENCE S	1.2 NAME	COLE, JAMES C	
STREET ADDRESS	444 SEABREEZE AVE	1.3 STREET ADDRESS	1081 OCEAN DRIVE	
CITY-ST-ZIP	PALM BEACH, FL 00000	1.4 CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	P	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	DELLERSON, GARY J	2.2 NAME	ROSENBERG, ALAN L	
STREET ADDRESS	2402 EMBASSY DRIVE	2.3 STREET ADDRESS	2725 NW 29TH DRIVE	
CITY-ST-ZIP	W PALM BEACH, FL 00000	2.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	CASKEY, WILLIAM MICHAEL	3.2 NAME		
STREET ADDRESS	3435 GULFSTREAM ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	GULFSTREAM FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	ABADIA, ANTONIO	4.2 NAME		
STREET ADDRESS	2301 S. CONGRESS AVENUE APT. #611	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE		☐ Change ☐ Addition
NAME	WEISS, ANDREW	5.2 NAME		
STREET ADDRESS	6 CYPRESS COVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Gary J. Dellerson MD GARY J. DELLERSON 1/17/95 407-964-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0271482 CP