

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 # 466968 (5)

1. Corporation Name

DELLERSON ANESTHESIA GROUP, P.A.

Principal Place of Business

109C JFK CIRCLE  
ATLANTIS FL 33462

Mailing Address

109C JFK CIRCLE  
ATLANTIS FL 33462



3. Date Incorporated or Qualified  
12/31/1974

3a. Date of Last Report  
02/20/1995

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

REINSTEIN, JOEL ESQUIRE  
5355 TOWN CENTER RD, SUITE 801  
~~19405 BIGGAYNE BLVD. #000~~  
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 Correction

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	NAME	GORFINE, LAWRENCE S	DELETE
STREET ADDRESS	444 SEABREEZE AVE			
CITY-ST-ZIP	PALM BEACH, FL 00000			
TITLE	P	NAME	DELLERSON, GARY J	DELETE
STREET ADDRESS	2402 EMBASSY DRIVE			
CITY-ST-ZIP	W PALM BEACH, FL 00000			
TITLE	T	NAME	CASKEY, WILLIAM MICHAEL	DELETE
STREET ADDRESS	3435 GULFSTREAM ROAD			
CITY-ST-ZIP	GULFSTREAM FL			
TITLE	VP	NAME	ABADIA, ANTONIO	DELETE
STREET ADDRESS	2301 S. CONGRESS AVENUE APT. #611			
CITY-ST-ZIP	BOYNTON BEACH FL			
TITLE	VP	NAME	WEISS, ANDREW	DELETE
STREET ADDRESS	6 CYPRESS COVE			
CITY-ST-ZIP	PALM BEACH GARDENS FL			
TITLE	VP	NAME	COLE, JAMES C.	DELETE
STREET ADDRESS	1081 OCEAN DRIVE			
CITY-ST-ZIP	JUNO BEACH FL			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	1.2 NAME	ROSENBERG, ALAN	Change	Addition
1.3 STREET ADDRESS	2725 NW 24th DRIVE				
1.4 CITY-ST-ZIP	BOCA RATON, FL 33434				
2.1 TITLE		2.2 NAME		Change	Addition
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		3.2 NAME		Change	Addition
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		4.2 NAME		Change	Addition
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		5.2 NAME		Change	Addition
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		6.2 NAME		Change	Addition
6.3 STREET ADDRESS					
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)