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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33462-1186



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/31/1974

3a. Date of Last Report

02/09/1996

4. FEI Number

59-1567644

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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
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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME GORFINE, LAWRENCE S
STREET ADDRESS 444 SEADREEZE AVE
CITY-ST-ZIP 216 BERMUDA LA
PALM BEACH, FL 33480

TITLE P
NAME DELLERSON, GARY J
STREET ADDRESS 2402 EMBASSY DRIVE
CITY-ST-ZIP W PALM BEACH, FL 00000

TITLE T
NAME CASKEY, WILLIAM MICHAEL
STREET ADDRESS 3435 GULFSTREAM ROAD
CITY-ST-ZIP GULFSTREAM FL

TITLE VP
NAME ABADIA, ANTONIO
STREET ADDRESS 2301 S. CONGRESS AVENUE APT. #811
CITY-ST-ZIP BOYNTON BEACH FL

TITLE VP
NAME WEISS, ANDREW
STREET ADDRESS 6 CYPRESS COVE
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE VP
NAME COLE, JAMES C.
STREET ADDRESS 1081 OCEAN DRIVE
CITY-ST-ZIP JUNO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P.
1.2 NAME ROSENBERG, ALAN
1.3 STREET ADDRESS 2725 NW 29th DR.
1.4 CITY-ST-ZIP BOCA RATON, FL 33434

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VP
4.2 NAME ABADIA, ANTONIO
4.3 STREET ADDRESS 117 THORNTON DRIVE
4.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY J. DELLERSON

Date

Daytime Phone #

1/15/97 561-964-2060

CR2E034 (9/96)