

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 466979

(2)

1. Corporation Name

ANESTHESIA ASSOCIATES OF PINELLAS COUNTY, INC.

50 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1200 S. DRUID ROAD SUITE 7 CLEARWATER FL 34616
Mailing Address: 1200 S. DRUID ROAD SUITE 7 CLEARWATER FL 34616

3. Date incorporated or Qualified 01/02/1975	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1591023	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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29

9. Name and Address of Current Registered Agent

KOTTMEIER, CHARLES A.
1200 S. DRUID ROAD
SUITE 7
CLEARWATER FL 34616

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 607.0602 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Secretary of State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME P CONWAY, DABNEY J 1200 DRUID RD S, STE 7 CLEARWATER, FL 00000	1.1 TITLE NONE XX Change ☐ Addition	1. NAME DABNEY, J CONWAY 1200 DRUID ROAD S. STE 7 CLEARWATER, FL 34616	1.1 TITLE NONE XX Change ☐ Addition
2. NAME ST ANDREW, RACKSTEIN D 1200 DRUID RD S, STE 7 CLEARWATER, FL 00000	2.1 TITLE ST XX Change ☐ Addition	2. NAME RACKSTEIN, ANDREW D. 1200 DRUID ROAD S. STE 7 CLEARWATER, FL 34616	2.1 TITLE ST XX Change ☐ Addition
3. NAME V BURNS, WINTON H 1200 DRUID RD S, STE 7 CLEARWATER, FL 00000	3.1 TITLE NONE XX Change ☐ Addition	3. NAME BURNS, WINTON H 1200 DRUID ROAD S. STE 7 CLEARWATER, FL 34616	3.1 TITLE NONE XX Change ☐ Addition
4. NAME V BARASCH, S T 1200 DRUID RD S, STE 7 CLEARWATER, FL 00000	4.1 TITLE NONE XX Change ☐ Addition	4. NAME BARASCH, STEPHEN T. 1200 DRUID ROAD S. STE 7 CLEARWATER, FL 34616	4.1 TITLE NONE XX Change ☐ Addition
5. NAME P KOTTMEIER, CHARLES A 1200 DRUID RD S, STE 7 CLEARWATER, FL 00000	5.1 TITLE P ☐ Change ☐ Addition	5. NAME KOTTMEIER, CHARLES A 1200 DRUID ROAD S. STE 7 CLEARWATER, FL 34616	5.1 TITLE P ☐ Change ☐ Addition
6. NAME	6.1 TITLE	6. NAME	6.1 TITLE
7. NAME	7.1 TITLE	7. NAME	7.1 TITLE
8. NAME	8.1 TITLE	8. NAME	8.1 TITLE

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 199.032(5)(b), Florida Statutes. I further certify that the information indicated on the 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, 2 or Block 3 of this report or on an attached sheet with an address.

SIGNATURE:

Charles Kottmeier

CHARLES KOTTMEIER

4/27/95

(813) 444-1524

INITIALS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR