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 # **466979** **(2)**

1. Corporation Name

ANESTHESIA ASSOCIATES OF PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
[illegible] CLEARWATER FL 34616	[illegible] CLEARWATER FL 34616

2. Principal Place of Business	2a. Mailing Address
21 300 Jeffords Street	26 300 Jeffords Street
Suite, Apt. #, etc 22 Suite B	Suite, Apt. #, etc 27 Suite B
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **01/02/1975**

3a. Date of Last Report: **05/01/1995**

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

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): 300 JEFFORDS ST.

83 SUITE B

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 date required. (Note: Registered Agent's signature required for filing.)

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	CONWAY, DABNEY J	
STREET ADDRESS	~~1200 DRUID ROAD SOUTH, SUITE 7~~	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	ST	☐ DELETE
NAME	ANDREW, RACKSTEIN D	
STREET ADDRESS	~~1200 DRUID ROAD SOUTH, SUITE 7~~	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	V	☒ DELETE
NAME	BURNS, WINTON H	
STREET ADDRESS	~~1200 DRUID ROAD SOUTH, SUITE 7~~	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	V	☒ DELETE
NAME	BARASCH, S T	
STREET ADDRESS	~~1200 DRUID ROAD SOUTH, SUITE 7~~	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	P	☐ DELETE
NAME	KOTTMEIER, CHARLES A	
STREET ADDRESS	~~1200 DRUID ROAD SOUTH, SUITE 7~~	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	300 Jeffords Street - Suite B	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	300 Jeffords Street - Suite B	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	300 Jeffords Street - Suite B	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	300 Jeffords Street - Suite B	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	300 Jeffords Street - Suite B	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ CHARLES A. KOTTMEIER 4/19/96 (813)441-1524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #