

5-2-97 0-6086 -c
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May 02 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 # 466979 (2)
1. Corporation Name
ANESTHESIA ASSOCIATES OF PINELLAS COUNTY, INC.



Principal Place of Business
300 JEFFORDS ST.
STE B
CLEARWATER FL 34616
US

Mailing Address
300 JEFFORDS ST.
STE B
CLEARWATER FL 34616-3826
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/02/1975

3a. Date of Last Report

04/29/1996

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.
300 JEFFORDS ST.
STE B
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 607.0502 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 title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CONWAY, DABNEY J
STREET ADDRESS 300 JEFFORDS ST. STE B
CITY-ST-ZIP CLEARWATER, FL 00000 ☒ DELETE

TITLE ST
NAME ANDREW, RACKSTEIN D
STREET ADDRESS 300 JEFFORDS ST. STE B
CITY-ST-ZIP CLEARWATER, FL 00000 ☐ DELETE

TITLE V
NAME BURNS, WINTON H
STREET ADDRESS 300 JEFFORDS, ST. STE B
CITY-ST-ZIP CLEARWATER, FL 00000 ☒ DELETE

TITLE V
NAME BARASCH, S T
STREET ADDRESS 300 JEFFORDS ST. ST B
CITY-ST-ZIP CLEARWATER, FL 00000 ☒ DELETE

TITLE P
NAME KOTTMEIER, CHARLES A
STREET ADDRESS 300 JEFFORDS ST. STE B
CITY-ST-ZIP CLEARWATER, FL 00000 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
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.

CR2E034 (9/96)