

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 537334 (5)

1. Corporation Name
BREVARD ANESTHESIA SERVICES, P.A.Principal Place of Business
1304 OAK ST
MELBOURNE FL 32901Mailing Address
1304 OAK ST
MELBOURNE FL 32901-91113. Date Incorporated or Qualified
06/15/19773a. Date of Last Report
04/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-1755503Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BLUNK, JOSEPH N.
1304 OAK ST
MELBOURNE FL 32901

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

Sign in the type of position name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME BLUNK, JOSEPH H
STREET ADDRESS 1304 OAK STREET
CITY-ST-ZIP MELBOURNE FLTITLE P ☐ DELETENAME STERN, RONALD J
STREET ADDRESS 1304 OAK STREET
CITY-ST-ZIP MELBOURNE FLTITLE V ☐ DELETENAME JACOBSON, MATTHEW W
STREET ADDRESS 1304 OAK STREET
CITY-ST-ZIP MELBOURNE FLTITLE C ☐ DELETENAME SALTZMAN, LYLE S
STREET ADDRESS 1304 OAK STREET
CITY-ST-ZIP MELBOURNE FLTITLE VD ☐ DELETENAME WEBB, OSCAR J
STREET ADDRESS 1304 OAK STREET
CITY-ST-ZIP MELBOURNE FLTITLE ST ☐ DELETENAME CURRIER, THOMAS E
STREET ADDRESS 1304 OAK STREET
CITY-ST-ZIP MELBOURNE FL

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.

Ronald J. Stern

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 17, 1997

(407) 723-4723

Date

Daytime Phone: #

0000000

CR2E034 (9/96)