FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90002 022 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT

	WEN # 53/334						
1. Corporation Name							
RHEVAH	D ANESTHESIA SERVICES,	P.A.			1 100101 NIGO 31111 18600 11100 11111 0101 0101	T160 6(8) 8(8)	
							ALDIL DIALI IDEI
Principal Place	of Business	Mailing Address					
1304 OAK ST 1304 OAK ST					•		
MELBOURNE FL 32901 MELBOURNE FL 32901					DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualifed		
					06/15/1977		1
a b b b b b b b b b b	- A Duning	2a. Mailing Address			4. FEI Number	- Ar	pplied For
	ace of Business	·			59-1755503	<u> </u>	ot Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				-	35-1733303		Additional
		⊢ • • • • • • • • • • • • • • • • • • •			5. Certifcate of Status Desired	+ - · · · ·	equired
22		City & State			6. Election Campaign Financing		May Be
City & State	•	- ·			Trust Fund Contribution		to Fees
23 Zip	Country	Zip	Country	,	8. This corporation owes the current year li		
		_ 	- ´		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren		'\		10. Name and Address of New Registered	Agent	
· •••••	9. Name and Address of Curren	registered regent	81	Name			
BILL	NK, JOSEPH N.						
1304 OAK ST			82	Street A	Address (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32901			83	 			
14155	DOGNAL I E GEGO!						
,			84	City	F	85 Zip	Code
	***************************************		<u></u>	<u> </u>			rogietored
office or r	egistered agent or both in the State:	or Fiorida, Such change was autri	ionzeu by	THE COLDO	corporation submits this statement for the purpose coration's board of directors. I hereby accept the app	ointment as re	egistered
agent. I a	m familiar with, and accept the obliga	ions of, Section 607.0505, Florida	a Statutes	· ·			ļ
SIGNATURE					partired when reinstating) DATE		
	Signature, typed or printed name of registered ager			nt signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
12.		D DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	D	C OCCU		1	•	44 5-	_
NAME	BLUNK, JOSEPH H	, and the second					
STREET ADDRESS	1004 OFFICE			TADORESS	MELBOURNE, FL 32901		ļ
CITY-ST-ZIP			1.4 CITY-5	T-ZIP	PIELBOURINE, FL 32901	(X) Change	Addition
TITLE	P	Σχ DELETE 2.1 π			P ARROS CONTRACTOR CON	[A] Change	☐ Addition
NAME	STERN, RONALD J	1	2.2 NAME		OACOBSON, MATTHEW W		
STREET ADDRESS	1304 OAK STREET	•	2.3 STREE	T ADDRESS	1304 OAK STREET		
CITY-ST-ZIP	MELBOURNE FL.	ELBOURNE FL 2.4		ST. ZIP	<u>MELBOURNE_FL_32901</u>	_ <u> </u>	
TITLÉ	V	☐X DELETE	3.1 TITLE		٧	Change	☐ Addition
NAME	JACOBSON, MATTHEW W 32N		3.2 NAME		GILLINGHAM, JEFFREY B		
STREET ADDRESS			3.3 STREE	TADDRESS	1304 OAK STREET		}
CITY-ST-ZIP	MELBOURNE FL 34.0		3.4. CITY-	ST-ZIP	MELBOURNE, FL 32901		
TITLE			4.1 TITLE			(X) Change	Addition
NAME	SALTZMAN, LYLE S		4, 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-5	ST-ZIP	MEĽBOURNE, FL 32901		
TITLE	VC	☐ DELETE				☐ Change	☐ Addition
NAME	INGRAM, III J		5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP	MELBOURNE FL 32901		5.4 CITY-5	ST-ZIP			İ
TITLE	ST ST	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition

MELBOURNE FL 32901 14. I 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 agriress, with all other like empowered.

QUIRED

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

WEBB, OSCAR J

1304 OAK ST

March 31, 1999

(407) 723-4723