

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

FILED
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 # 555239 (3)
1. Corporation Name
ANESTHESIA ASSOCIATES OF SOUTHWEST FLORIDA, M.D.
P.A.



Principal Place of Business 3949 EVANS AVE. SUITE 102 LANDMARK BLDG FORT MYERS FL 33901	Mailing Address 3949 EVANS AVE. SUITE 102 LANDMARK BLDG FORT MYERS FL 33901
---	---

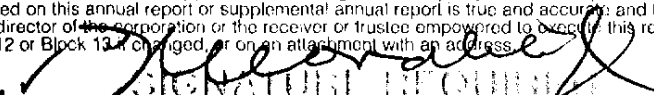
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1977	3a. Date of Last Report 03/11/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1783920		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent MIGLIORE, ANTHONY MD 3942 EVANS AVE STE 102 FT. MYERS FL 33901		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's signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	S	☐ DELETE					
NAME	HEDDEN, MICHAEL						
STREET ADDRESS	13587 BRYNWOOD LANE						
CITY-ST-ZIP	FT MYERS, FL 00000						
TITLE	P	☐ DELETE					
NAME	MANALI, SEMEON						
STREET ADDRESS	1821 CORAL CIRCLE						
CITY-ST-ZIP	N. FT. MYERS FL						
TITLE	T	☐ DELETE					
NAME	EID, ROBERT E						
STREET ADDRESS	3949 EVANS SUITE 102						
CITY-ST-ZIP	FT MYERS, FL 00000						
TITLE	D	☐ DELETE					
NAME	MIGLIORE, ANTHONY D						
STREET ADDRESS	4510 N KEY DR. #803						
CITY-ST-ZIP	FT MYERS, FL 00000						
TITLE	D	☐ DELETE					
NAME	ANTONIO, ROBERT P						
STREET ADDRESS	2882 SHRIVER DR						
CITY-ST-ZIP	FT MYERS, FL 00000						
TITLE	D	☐ DELETE					
NAME	BISBEE, CHARLES A.						
STREET ADDRESS	5828 RIVERSIDE LANE						
CITY-ST-ZIP	FTMYERS FL						
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE	5/D	☐ Change ☐ Addition					
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE	P/D	☐ Change ☐ Addition					
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE	T/D	☐ Change ☐ Addition					
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE	V/D	☐ 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 bring this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:  SIGNATURE REQUIRED 14-2457 14-535-2422

CR2E034 (9/96)