

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21 1998 8:00am
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/13/1977	
22 City & State	27 City & State	4. FEI Number 59-1783920	
23 Zip	28 Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MIGLIORE, ANTHONY MD 3942 EVANS AVE STE 102 FT. MYERS FL 33901		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	HEEDEN, MICHAEL	1.2 NAME	
STREET ADDRESS	13587 BRYNWOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MANALI, SEMEON	2.2 NAME	
STREET ADDRESS	1821 CORAL CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	EID, ROBERT E	3.2 NAME	
STREET ADDRESS	3949 EVANS SUITE 102	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	MIGLIORE, ANTHONY D	4.2 NAME	
STREET ADDRESS	4510 N KEY DR. #803	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ANTONIO, ROBERT P	5.2 NAME	
STREET ADDRESS	2882 SHRIVER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BISBEE, CHARLES A.	6.2 NAME	
STREET ADDRESS	5828 RIVERSIDE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FTMYERS FL	6.4 CITY-ST-ZIP	

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 address.

SIGNATURE *[Signature]* 14th JCV 941-939-1927

CR2E034 (10/97)