

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 11:46

DOCUMENT # 600008 (7)

1. Corporation Name
ANESTHESIA ASSOCIATES OF GREATER MIAMI, P.A.

Principal Place of Business Mailing Address
~~10300 SUNSET DR STE 155~~ ~~10300 SUNSET DR STE 155~~
~~4075 G.W. 05 ST.~~ ~~4075 G.W. 05 ST.~~ ← strike this error
 MIAMI FL 33173 MIAMI FL 33173

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Date of Last Report	
21 10300 Sunset Drive		09/01/1961 03/14/1994	
22 Suite, Apt. #, etc. Suite 155		4. FEI Number 59-0944132	
23 City & State Miami, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33173 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KALLOS, TAMAS 10300 SUNSET DR STE 155 MIAMI FL 33173		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: Tamas Kallos DATE: 1/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: KALLOS, TAMAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10300 SUNSET DR STE 155	CITY-ST-ZIP: MIAMI FL	1.2 NAME	
TITLE: VD	NAME: SCHRIER, HARRY B.	1.3 STREET ADDRESS	
STREET ADDRESS: 7390 S.W. 153RD ST.	CITY-ST-ZIP: MIAMI FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	NAME: BLOCK, JEFFREY S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7299 SW 79 CT	CITY-ST-ZIP: MIAMI FL	2.2 NAME	
TITLE: V	NAME: BURNS, STEVEN	2.3 STREET ADDRESS	
STREET ADDRESS: 8720 SW 128 PL	CITY-ST-ZIP: MIAMI FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: CANNING, HILLARY A	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10300 SW 56 AVE	CITY-ST-ZIP: MIAMI FL	3.2 NAME	
TITLE: V	NAME: FARKAS, JEREMY A	3.3 STREET ADDRESS	
STREET ADDRESS: 12075 SW 71 CT	CITY-ST-ZIP: MIAMI FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: FARKAS, JEREMY A	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12075 SW 71 CT	CITY-ST-ZIP: MIAMI FL	4.2 NAME	
TITLE: V	NAME: FARKAS, JEREMY A	4.3 STREET ADDRESS	
STREET ADDRESS: 12075 SW 71 CT	CITY-ST-ZIP: MIAMI FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: FARKAS, JEREMY A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12075 SW 71 CT	CITY-ST-ZIP: MIAMI FL	5.2 NAME	
TITLE: V	NAME: FARKAS, JEREMY A	5.3 STREET ADDRESS	
STREET ADDRESS: 12075 SW 71 CT	CITY-ST-ZIP: MIAMI FL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: FARKAS, JEREMY A	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12075 SW 71 CT	CITY-ST-ZIP: MIAMI FL	6.2 NAME	
TITLE: V	NAME: FARKAS, JEREMY A	6.3 STREET ADDRESS	
STREET ADDRESS: 12075 SW 71 CT	CITY-ST-ZIP: MIAMI FL	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Tamas Kallos DATE: 1/20/95 EMPLOYER: 305-662-9192
 SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR