

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

**FILED**

**Feb 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 600008 (7)**  
1. Corporation Name  
**ANESTHESIA ASSOCIATES OF GREATER MIAMI, P.A.**



Principal Place of Business <b>7400 SW 62 AVE SUITE 155 MIAMI FL 33143 US</b>	Mailing Address <b>8301 NW 197 ST MIAMI FL 33015 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/01/1961**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number  
**59-0944132**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**KALLOS, TAMAS  
8301 NW 197 ST  
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name **Michael Meister**

82 Street Address (P.O. Box Number is Not Acceptable)  
**8301 NW 197 ST**

83

84 City **miami** 85 Zip Code **FL 33015**

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 *Michael Meister* **Michael Meister, President** 2/4/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <b>KALLOS, TAMAS</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALLOS, TAMAS</b>	1.2 NAME	
STREET ADDRESS	<b>10300 SUNSET DR STE 155</b>	1.3 STREET ADDRESS	<b>8301 NW 197 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	VD <b>SCHRIER, HARRY B.</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHRIER, HARRY B.</b>	2.2 NAME	
STREET ADDRESS	<b>7390 S.W. 153RD ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	S <b>BLOCK, JEFFREY S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCK, JEFFREY S</b>	3.2 NAME	
STREET ADDRESS	<b>7299 SW 79 CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	V <b>BURNS, STEVEN</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNS, STEVEN</b>	4.2 NAME	
STREET ADDRESS	<b>8720 SW 128 PL</b>	4.3 STREET ADDRESS	<b>8301 NW 197 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	V <b>CANNING, HILLARY A</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANNING, HILLARY A</b>	5.2 NAME	
STREET ADDRESS	<b>10300 SW 58 AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	V <b>FARKAS, JEREMY A</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARKAS, JEREMY A</b>	6.2 NAME	
STREET ADDRESS	<b>12075 SW 71 CT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	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: *Jeffrey Block* **JEFFREY BLOCK MD - SECRETARY.** (305) 662-8192

CR2E034 (10/97)