

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 600144 (0)

1. Corporation Name

ANESTHESIA PROFESSIONAL ASSOCIATION, INC.



Principal Place of Business

5300 NW 33RD AVE SUITE 204
FORT LAUDERDALE FL 33309
US

Mailing Address

5300 NW 33RD AVE
SUITE 204
FT LAUDERDALE FL 33309
US

3. Date Incorporated or Qualified
07/10/1962

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-0970932

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVENDER, JOEL R.
507 SE 11TH CT
FT. LAUDERDALE FL 33316

81 Name

Judah Ever, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

Ever + Co CPAs

83

One Financial Plaza suite 2100

84 City

FT. Lauderdale

FL

85 Zip Code

33304

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 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]
Signature typed, printed name, title, position, and date of signature

CPA

JUDAH EVER

4-2-95

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME NOLAN, GERARD, N.P., MD
STREET ADDRESS 5300 NW 33 AVE 204
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE PD
NAME FENWICK, MARTIN J., MD
STREET ADDRESS 5300 NW 33 AVE 204
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE VD
NAME PRAKASH, RAGAVENDRA
STREET ADDRESS 5300 NW 33 AVE 204
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE TD
NAME CUADRA, GUSTAVO MD
STREET ADDRESS 5300 NW 33RD AVE #204
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ 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

600001787776
-04/22/96--01010--031
***417.50

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 119.07(3)(k), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

954-485-5666

Date

Office Phone #

CR2E034 (12/95)