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03-03-1999 90111 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600144

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1962

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

**MCNERNEY, MICHAEL
BRINKLEY, MCNERNEY, MORGAN, SOLOMON
200 E LAS OLAS, STE 1800
FT. LAUDERDALE FL 33301**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE
NAME **IANNUCCILLO, BRETT**
STREET ADDRESS **5300 NW 33 AVE 204**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **VD** ☒ DELETE
NAME **LESNIAK, JAMES MD**
STREET ADDRESS **5300 NW 33 AVE 204**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **PD** ☒ DELETE
NAME **PRAKASH, RAGAVENDRA**
STREET ADDRESS **5300 NW 33 AVE 204**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **T** ☐ DELETE
NAME **MENEGAKIS, ZACHARY**
STREET ADDRESS **5300 NW 33RD AVE STE 204**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
1.2 NAME **JAMES LESNIAK MD, DIRECTOR**
1.3 STREET ADDRESS **5300 N.W. 33 AVE, 204**
1.4 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **GERARD N.P. NOLAN M.D.**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME **RAMON GARCIA M.D.**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
4.2 NAME **ALFREDO FERRARI**
4.3 STREET ADDRESS **FERRARI, MD, 5300 N.W. 33 AVE, 204**
4.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

5.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
5.2 NAME **MARTIN FENWICK, MD**
5.3 STREET ADDRESS **5300 N.W. 33 AVE, 204**
5.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Ramon Garcia, PRESIDENT 1/12/99

Date

Daytime Phone #

CR2E034 (11/98)