FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600806 (4)

1. Corporate Name

ANESTHESIA GROUP OF DAYTONA BEACH, MESSITER NORM AN U., M.D., P.A.

Principal Place of Business

1245 N. ATLANTIC AVE.
DAYTONA BEACH FL 32118-3630

Mailing Address

1245 N. ATLANTIC AVE.
DAYTONA BEACH FL 32118-3630

2. Principal Place of Business
21

2a. Mailing Address
26

State, Apt. # or P.O.
22

State, Apt. # or P.O.
27

City & State
23

City & State
28

24 25 29 30

Date Applied for Qualification

3. Date Incorporated or Qualified: 01/27/1969

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1228187 — 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. Does corporation have Subsidiaries to be included under 607.1602 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PULEO,ANTHONY J, M.D.
1245 N ATLANTIC AVENUE
DAYTONA BEACH FL 32018

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 607.0505 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 I agree to comply with the provisions of Chapter 607, Florida Statutes, relative to keeping open my office.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MESSITER,NORMAN U
STREET ADDRESS	1245 N. ATLANTIC AVE
CITY, ST, ZIP	DAYTONA BEACH FL
TITLE	STD
NAME	PULEO,ANTHONY J
STREET ADDRESS	1245 N. ATLANTIC AVE
CITY, ST, ZIP	DAYTONA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, or voluntarily furnished and does not qualify for the computer statistics, is true and accurate and that, to substantiate this, I have attached a copy of the annual report or supplemental annual report, or the amendment or amendments, or other document required to accompany the report as required by Florida Statutes. I further acknowledge that I am familiar with the provisions of Florida Statutes, Chapter 607, Florida Statutes, and that my signature appearing below as a director, officer, or agent of the corporation is in accordance with the provisions of Section 607.0128, Florida Statutes.

SIGNATURE: Norman U Messiter, M.D. P.A. April 28, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF VOTING OFFICER OR DIRECTOR

0000107 CP