

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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **601023** (5)

1. Corporation Name

**ANESTHESIOLOGY ASSOCIATES OF THE PALM BEACHES, P
.A.**

Principal Place of Business

Mailing Address

**1201 US HWY 1
240
NORTH PALM BEACH FL 33408
US**

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240
NORTH PALM BEACH FL 33408
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1969

4. FEI Number

59-1262212

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**WALTUCK, BERNARD
11730 LAKE SHORE DR.
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name

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

372 Golfview Road, Apt. 301

83

84 City

North Palm Beach

FL

85 Zip Code
33408

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

OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALTUCK, BERNARD	
STREET ADDRESS	11730 LAKE SHORE DR.	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROLLINS, HOWARD	
STREET ADDRESS	12901 BRYNWOOD	
CITY-ST-ZIP	PALM BEACH GDNS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AMADO, JEFFREY A	
STREET ADDRESS	18 CAYMAN PLACE	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RODMAN, RICHARD	
STREET ADDRESS	233 LA PUERTA WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	372 Golfview Road, Apt. 301	
1.4 CITY-ST-ZIP	North Palm Beach, FL 33408	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wayne S. Weidenbaum	
5.3 STREET ADDRESS	1 Dunbar Road	
5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE

3/2/98

CR2E034 (10/97)