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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:14

DOCUMENT # **601793** **(3)**

1. Corporation Name
ANESTHESIA ASSOCIATES, M.D., P.A.

Principal Place of Business	Mailing Address
567 AVENUE K S.E. WINTER HAVEN FL 33880	567 AVENUE K S.E. WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1969	3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1278346	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LINGENFELTER, ALAN L. 567 AVENUE K S.E. WINTER HAVEN FL 33880	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	VD ☐ Change ☒ Addition
NAME	DOMENIC V. OTTAIANO , M.D	1.2 NAME	WILLIAM P. MYERS, M.D.
STREET ADDRESS	567 AVENUE K S.E.	1.3 STREET ADDRESS	567 AVENUE K, S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 00000	1.4 CITY-ST-ZIP	WINTER HAVEN, FL 0000
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	DONALD R. NETTLOW, JR. M	2.2 NAME	DONALD R. NETTLOW, JR., M.D.
STREET ADDRESS	567 AVENUE K. S.E.	2.3 STREET ADDRESS	567 AVENUE K, S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 00000	2.4 CITY-ST-ZIP	WINTER HAVEN, FL. 0000
TITLE	PD	3.1 TITLE	VD ☐ Change ☒ Addition
NAME	LINGENFELTER, ALAN L, MD	3.2 NAME	JORGE R. VILLARREAL, M.D.
STREET ADDRESS	567 AVENUE K S.E.	3.3 STREET ADDRESS	567 AVENUE K, S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 00000	3.4 CITY-ST-ZIP	WINTER HAVEN, FL. 0000
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	SIMON, MICHAEL J MD	4.2 NAME	
STREET ADDRESS	567 AVENUE K S.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	GION, HELGA, MD	5.2 NAME	
STREET ADDRESS	567 AVENUE K S.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	DRUM, JERRY B, MD	6.2 NAME	
STREET ADDRESS	567 AVENUE K S.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	

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)(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: Alan Lingenfelter Alan Lingenfelter 1/26/95 (813) 299-3965
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0314840 CP