

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 # 601793 (3)

1. Corporation Name

ANESTHESIA ASSOCIATES, M.D., P.A.



Principal Place of Business

567 AVENUE K S.E.  
WINTER HAVEN FL 33880

Mailing Address

567 AVENUE K S.E.  
WINTER HAVEN FL 33880

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
12/23/1969

3a. Date of Last Report  
02/02/1995

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

9. Name and Address of Current Registered Agent

LINGENFELTER, ALAN L.  
567 AVENUE K S.E.  
WINTER HAVEN FL 33880

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOMENIC V. OTTAIANO, M.D.	
STREET ADDRESS	567 AVENUE K S.E.	
CITY- ST- ZIP	WINTER HAVEN, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NETTLOW, DONALD R JR	
STREET ADDRESS	567 AVENUE K. S.E.	
CITY- ST- ZIP	WINTER HAVEN, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINGENFELTER, ALAN L, MD	
STREET ADDRESS	567 AVENUE K S.E.	
CITY- ST- ZIP	WINTER HAVEN, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIMON, MICHAEL J MD	
STREET ADDRESS	567 AVENUE K S.E.	
CITY- ST- ZIP	WINTER HAVEN, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GION, HELGA, MD	
STREET ADDRESS	567 AVENUE K S.E.	
CITY- ST- ZIP	WINTER HAVEN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DRUM, JERRY B, MD	
STREET ADDRESS	567 AVENUE K S.E.	
CITY- ST- ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William P. Myers, M.D.	
1.3 STREET ADDRESS	567 Avenue K SE	
1.4 CITY- ST- ZIP	Winter Haven, FL. 33880	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jorge R. Villarreal, M.D.	
2.3 STREET ADDRESS	567 Avenue K SE	
2.4 CITY- ST- ZIP	Winter Haven, FL. 33880	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)