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 MAR 14 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 603441 (7)

1. Corporation Name
TARANCO & ASSOCIATES ANESTHESIOLOGY GROUP, P. A.

Principal Place of Business	Mailing Address
7201 SW 5 STREET PLANTATION FL 33317	7201 SW 5 STREET PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/27/1972
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-1395892 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TARANCO, JOAQUIN C.
7201 SW 5TH ST.
PLANTATION FL 33317

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 _____ 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TARANCO,JOAQUIN C	1.2 NAME	
STREET ADDRESS	7201 SW 5 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE VD	☐ Change ☒ Addition
NAME	LEON,HECTOR R RETIRED	2.2 NAME	RODRIGUEZ, RAMIRO
STREET ADDRESS	100 W. TROPICAL WAY DEC 31-1994	2.3 STREET ADDRESS	9801 N.W. 10TH COURT
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	CARREIRA, ELEUTERIO	3.2 NAME	CARREIRA, ELEUTERIO
STREET ADDRESS	8731 LAKE DASHA TERR.	3.3 STREET ADDRESS	DIED OCT-94
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE (T)	☒ Change ☐ Addition
NAME	ANTONIO, VISIOLA RETIRED	4.2 NAME	ANTONIO, VISIOLA
STREET ADDRESS	7251 S.W. 5TH ST. DEC 31-1994	4.3 STREET ADDRESS	7251 S.W. 5TH ST.
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	PLANTATION-FL-33317
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	MARTI, EDUARDO	5.2 NAME	
STREET ADDRESS	3700 N.W. 102TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	SKOLNIK, LAURENCE M.	6.2 NAME	
STREET ADDRESS	9621 CONCHSHELL MANOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTAION 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: Joaquin C. Taranco - JOAQUIN C. TARANCO 3/2/95 (305) 741-4272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT

0226564 CP