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

FILED
Feb 06 1996 8:00 am
Secretary of State

DOCUMENT # **603441** **(7)**

1. Corporation Name

TARANCO & ASSOCIATES ANESTHESIOLOGY GROUP, P. A.

Principal Place of Business

7201 SW 5 STREET
PLANTATION FL 33317

Mailing Address

7201 SW 5 STREET
PLANTATION FL 33317

3. Date Incorporated or Qualified: **03/27/1972**	3a. Date of Last Report: **03/14/1995**
4. FEI Number: **59-1395892**	☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 (Required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TARANCO,JOAQUIN C	
STREET ADDRESS	7201 SW 5 ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	☐ DELETE
NAME	RODRIGUEZ, RAMIRO	
STREET ADDRESS	9801 NW 10TH CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	☐ DELETE
NAME	MARTI, EDUARDO	
STREET ADDRESS	3700 N.W. 102TH AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	☐ DELETE
NAME	SKOLNIK, LAURENCE M.	
STREET ADDRESS	9621 CONCHSHELL MANOR	
CITY-ST-ZIP	PLANTAION FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	☐ Change ☒ Addition
1.2 NAME	TARANCO, JOAQUIN C.	
1.3 STREET ADDRESS	7201 S.W. 5th ST.	
1.4 CITY-ST-ZIP	PLANTATION FL 33317	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 M.D. PRESIDENT 1-22-96 (954)741-4272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

JOAQUIN C. TARANCO M.D.