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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

. I PROBLIM DENEK ARMÁN ÁLJAL GIRDI. GIRBO HIGE DIRAK ÁLÍTA ÍTATA FERÐU ÁLÍTA ARMAN ALJAL FIÐA

JAN 6-1997 (954)74/-4272

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 603441

SIGNATURE:

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(7)

TARANCO & ASSOCIATES ANESTHESIOLOGY GROUP, P. A.

Principal Prace of Business Mailing Address						ı iadına diliki dekta inini bisir dibat indi	AIBII ALAN AM	44 MIMIL MINII	Alatt Ihat
7201 SW 5 S PLANTATION		7201 SW 5 STREET PLANTATION FL 33317-3812							
						3. Date Incorporated or Qualified 03/27/1972		e of Last R 6/1996	eport
2. Principal I	Place of Business	2a. Mailing Address 26			4. FEI Number 59-1395892	Applied For			
Suite, Apt	, # etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired				
City & Sta	ite	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Žip				8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30 9. Name and Address of Current Registered Agent					Florida Statutes Yes No 10. Name and Address of New Registered Agent			
TAI	RANCO, JOAQUIN C.	ii negisteren Ageitt		81	Name	10. Haine grid Address of New Ne	Alatalan W	Join	
	on SW 5TH ST.		ļ.		O 4 -1 -1	(D.O. D., M	1-3		
	ANTATION FL 33317		L	82 83	Street Addr	ress (P.O. Box Number is Not Acceptable)			
				84	City		FL		Code
off.ce or agent 1 SIGNATURE						oration submits this statement for the p ion's board of directors. I hereby accepted when reinstating)	the appo	nanging it	s registered registered
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 12
TITLE	PDT	DELETE	1.1 THT	LĒ				Change	Addition
NAME	TARANCO, JOAQUIN C		1.2 NA/	ME					
STREET ADORESS	7201 SW 5 ST.		1		ADDRESS				
CITY-ST-ZIP TITLE	PLANTATION FL VD	DELETE		2.1 TITLE				Change	Addition
NAME	RODRIGUEZ, RAMIRO	FT DELETE		2.2 NAME				Orlange	
STREET ADDRESS	ADDA BEN ARTIL OT				ADDRESS				
CITY - ST ZIP	PLANTATION FL			2. 4 City-St-ZiP					
TITLE	VD	DELETE	ETE 3.1 TITLE					Change	Addition
NAME	MARTI, EDUARDO		3.2 NAI	ME					
STREET ADDRESS			3.3 STF	3.3 STREET ADDRESS		·			
CITY - ST - ZIP	CORAL SPRINGS FL			3.4 CITY-ST-ZIP					
TITLE	SD SKOLANIK LAUDENIGE AL	☐ DELETE	4.1 T/T				ι	Change	Addition
NAME	SKOLNIK, LAURENCE M.		4. 2 NA						
STREET ADDRESS	9621 CONCHSHELL MANOR PLANTAION FL				ADDRESS				
C:TY - ST - ZIP TITLE	PDMIAION FL	DELETE	4.4 CIT 5 1 TIT		1-211			Change	Addition
NAME			5.2 NA				,		La Parison
STREET ADDRESS					ADDRESS				
CITY - ST - 7IP			5.4 CIT		ļ				
TITLE		DELETE	6.1 TIT	•				Change	Addition
NAME			6.2 NA	ME	.				
STREET ADDRESS			63.51	REET	ADDRESS				
0.7 07. 710			0.4.00			•			

14. I do 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.