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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 642473

(3)

MARTIN COUNTY ANESTHESIA GROUP, P.A.

Principa! Place of Business 421 E OSCEOLA POB 868 STUART FL 34995	Mailing Address 421 E OSCEOLA POB 868 STUART FL 34995-0868	77 77 77 77 77 77 77 77 77 77 77 77 77		
			 Date Incorporated or Qualified 10/13/1979 	3a. Date of Last Report 02/23/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied F
1	26		59-1931735	Not Appli
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition
City & State	City & State		6. Election Campaign Financing	\$5.00 May B
3	28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip Country	Ζφ	Country	8. This corporation has liability for	
4 25 9. Name and Address of C	29	30	Florida Statutes 10. Name and Address of New Re	Yes No
GARDNER, ALBERT E		81 Name	IV. Walle alle Manier of the live	Block of Algeria
421 E OSCEOLA POB 868				
STUART FL 34995		82 Street Add	fress (P.O. Box Number is Not Acceptat	ole)
010/411 1 2 01000		83		······································
		84 City		[aa] 7/2 0 da
		84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent I am familiar with, and accept the 	obligations of, Section 607.0505, F.	lorida Statutes.	. ,	•
SIGNATURE Signature, typed or printed name of regist	ered agent and trie if applicable (NO	TE. Registered Agent signature requ	ired when reinstating)	DATE
12. OFFICER	RS AND DIRECTORS	13.	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
Signature, typical or printed rannic of regist 2. OFFICER TITLE V		13. 1.1 TITLE		
Signature, typed or printed name of regist 12. OFFICER ITLE VI MCLAIN, GEORGE E	RS AND DIRECTORS	13. 1.1 TiTLE 1.2 NAME		CERS AND DIRECTORS IN 12
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SIGNATURE:

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Feb 06 1997 8:00am

Secretary of State