

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhain
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F46264 (0)

1. Corporation Name

ANESTHESIOLOGY SERVICES, INC.



Principal Place of Business

1111 LUCERNE TERRACE
ORLANDO FL 32806

Mailing Address

1111 LUCERNE TERRACE
ORLANDO FL 32806

2. Principal Place of Business

21 Same
Suite, Apt. #, etc.

22 NA

City & State

23 Same

Zip

Country

24

25 Orange

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

27 NA

City & State

28 Same

Zip

Country

29

30 Orange

3. Date Incorporated or Qualified
09/28/1981

3a. Date of Last Report
01/25/1995

4. FEI Number
59-2127838

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

MOORE, MAVIS T
1111 LUCERNE TERR.
ORLANDO FL 32806

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: Mavis T. Moore

Signature typed or printed name of registered agent and date of change

Date: 4-25-96

Date

12. MAJIS T. MOORE OFFICERS AND DIRECTORS

TITLE DP
NAME MOORE, MAVIS
STREET ADDRESS 1111 LUCERNE TERR.
CITY-ST-ZIP ORLANDO, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Mavis T. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (407) 843-0120

Date

Daytime Phone

CR2E034 (12/95)