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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000001265 (8)

1. Corporation Name

~~PROFESSIONAL ANESTHESIA SERVICES, INC.~~
Spectrum Physician and Allied Health Services, Inc.
(F/R/A Professional Anesthesia Services, Inc.)

Principal Place of Business

Mailing Address

12647 OLIVE BLVD.
ST. LOUIS MO 63141

12647 OLIVE BLVD
ST. LOUIS MO 63141

3. Date Incorporated or Qualified
03/04/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
51-0345538

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TAYLOR, JAY H
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA PA 19101 ☒ DELETE

1.1 TITLE P/D
1.2 NAME RICHARD MILES
1.3 STREET ADDRESS 12647 OLIVE BLVD.
1.4 CITY-ST-ZIP ST. LOUIS, MO 63141 ☒ Change ☐ Addition

TITLE V
NAME O'HARA, MICHAEL J
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA PA 19101 ☐ DELETE

2.1 TITLE V
2.2 NAME James Moore
2.3 STREET ADDRESS 12647 OLIVE BLVD
2.4 CITY-ST-ZIP ST. LOUIS MO 63141 ☒ Change ☐ Addition

TITLE T
NAME MOORE, JAMES
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA PA 19101 ☐ DELETE

3.1 TITLE T
3.2 NAME MELVIN MAHONEY
3.3 STREET ADDRESS 12647 OLIVE BLVD
3.4 CITY-ST-ZIP ST. LOUIS, MO 63141 ☒ Change ☐ Addition

TITLE S
NAME SAMETZ, ADRIENNE
STREET ADDRESS 1101 MARKET ST
CITY-ST-ZIP PHILADELPHIA PA 19101 ☐ DELETE

4.1 TITLE S
4.2 NAME ADRIENNE SAMETZ
4.3 STREET ADDRESS 12647 OLIVE BLVD
4.4 CITY-ST-ZIP ST. LOUIS MO 63141 ☒ Change ☐ Addition

TITLE D
NAME MAHONEY, MELVIN
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA PA 19101 ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MILES, RICHARD
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA PA 19101 ☐ DELETE

6.1 TITLE D
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☒ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OVER PRESIDENT Treasurer

4/29/97

800-325-9442

Date

Daytime Phone #

0007734

CR2E034 (9/96)