

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G46838**

(0)

1. Corporation Name

**HENRY P. FRIEDER, M.D., ANESTHESIOLOGY ASSOCIATE
S OF SARASOTA, P.A.**

Principal Place of Business

**1500 HILLVIEW DR
SARASOTA FL 34239**

Mailing Address

**1500 HILLVIEW DR
SARASOTA FL 34239**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**FRIEDER, HENRY P
1500 HILLVIEW DR
SARASOTA FL 34239**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
07/01/1983

3a. Date of Last Report
01/31/1995

4. FEI Number

59-2298923

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0625, Florida Statutes.

SIGNATURE

Signature of person authorized to file this report

Signature of person authorized to file this report

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
**PDS
FRIEDER, HENRY P**

STREET ADDRESS
1500 HILLVIEW DR

CITY- ST- ZIP
SARASOTA FL 34239

2. TITLE ☐ DELETE

NAME
**VDS
WEINSTEIN, BRUCE H.**

STREET ADDRESS
9255 SW 58TH AVE

CITY- ST- ZIP
MIAMI FL 33156

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY- ST- ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry P. Frieder, M.D.

3-31-96 941-955-2430

CR2E034 (12/95)