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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H17042

(3)

FILED May 08 1997 8:00am Secretary of State

1. Corporation Name JOHN R. FEYKO, JR., ANESTHESIA ASSOCIATES, P.A. Principal Place of Business Address 2891 N.W. 34TH ST. BOCA RATON FL 33434 BOCA RATON FL 33434-3461						···					
							3. Date incorporated or Qualified 08/17/1984		ate of La 27/199	st Report	
- '	lace of Business	2a. M	failing Address				4. FEI Number	- 1.		Applied	
Suite. Apt.	# ata	26	uite, Apt. #, etc.	······································			59-2445897			Not Appl	
Saite: Apt.	w, 6t6.	27	olle, Apt. #, etc.				5. Certificate of Status Desired			5 Additio	
City & State	€		ity & State				6. Election Campaign Financing	***************************************		00 May E	
1		28				 	Trust Fund Contribution			ed to Fee	
Zip 1	Country	├ 1	ip	Cour	ntry		8. This corporation has liability for			er s. 199.0	32,
<u> </u>	25 g Name and Address of C	29 Current Register	red Agent	30			Florida Statutes 10. Name and Address of New Re		No Agent		
FEY	KO, JOHN R. JR.				81 h	Name					
	1 N.W. 34TH ST.			ŀ	82 5	Street Addr	ress (P.O. Box Number is Not Acceptal	ble)			
BOO	CA RATON FL 33434			Į							
					83						
				ľ	B4 (City		FL	85	Zip Code	
				utes, the abs authorized Florida Stati	ove-n by thutes.	named corp he corporat	poration submits this statement for the clion's board of directors. I hereby acce		f changir pointment	ng Its regist	ered
BIGNATURE	Signature, typed or printed name of registrong		pplicable. (N	OTE: Registered	Agent s		coration submits this statement for the clon's board of directors. I hereby acceled when rendating) ADDITIONS/CHANGES TO OFFICE	DATE	DIREC	FORS IN 1	2
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1. To hereby definy that the information supplied with this Hing does not quality 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 charged, from an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF EGNING OFFICER OF THE TOP OF

1-29-97

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