

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90061 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H34271

1. Corporation Name
PUTNAM ANESTHESIA ASSOCIATES, P.A.



Principal Place of Business Mailing Address

PO BOX 8038 PALATKA FL 32178-8038 US
PO BOX 8038 PALATKA FL 32178-8038 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
01/01/1985

4. FEI Number Applied For
59-2471141 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 owes the current year Intangible Personal Property Tax Yes No

9. Name and Address of Current Registered Agent

MONZON, RAUL A
RT 4 BOX 1708
PALATKA FL 32177 ← Delete

10. Name and Address of New Registered Agent

81 Name CARLOS M. MIJARES, MD
82 Street Address (P.O. Box Number is Not Acceptable) Highway 20 WEST P.O. BOX 8038
83 PALATKA
84 City FLORIDA FL 85 Zip Code 32178

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 Carlos M. Mijares MD DATE _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LIPOFF, SCOTT 315 SOUTH SUBDIVISION INTERLACHEN FL → <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PT MONZON, RAUL RT 4 BOX 1708 NA PALATKA FL → <input checked="" type="checkbox"/> DELETE	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VS - President <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MIJARES, CARLOS M RT 5, BOX 489 PALATKA FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 as an attachment with an address, with all other like empowered.

SIGNATURE: Carlos M. Mijares M.D. 2/1/99 (904) 328-9283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CC 03011999 144 000