

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 1995 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J14847** (4)

1. Corporation Name

FIRST COAST ANESTHESIA SERVICES, P.A.

Principal Place of Business

**1229 ROMNEY ST.
JACKSONVILLE FL 32211**

Mailing Address

**1229 ROMNEY ST.
JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1986

3a. Date of Last Report

05/01/1994

4. FFI Number

59-2689537

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

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

30

9. Name and Address of Current Registered Agent

**JAMES & HARRIS, CPA
857 SO EDGEWOOD AVE
JACKSONVILLE FL 32205**

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

Signature (typed or printed name of registered agent, and if for a firm, state)

(Agent, Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SCARBOROUGH, CHARLES D.**
STREET ADDRESS **1229 ROMNEY ST**
CITY, ST, ZIP **JACKSONVILLE FL 32211-5652**

TITLE **VD**
NAME **ADEEB, ALLAN**
STREET ADDRESS **1229 ROMNEY ST**
CITY, ST, ZIP **JACKSONVILLE FL 32211-5652**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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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 110.07(2)(b), 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 this return.

SIGNATURE:

Allan J. Adeeb
Allan J. Adeeb, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

904-744-8069

Date

Telephone Number