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02-21-1999 90050 002 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # J37188

1. Corporation Name

CHARLOTTE ANESTHESIA SERVICE, P.A.

Principal Place of Business

% MICHAEL R. MORALES
21202 OLEAN BLVD STE D5
PORT CHARLOTTE FL 33952

Mailing Address

% MICHAEL R. MORALES
21202 OLEAN BLVD STE D5
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1986

4. FEI Number

59-2715847

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **2525 HARBOR BLVD**

Suite, Apt. #, etc.

22 **305**

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 **2525 HARBOR BLVD**

Suite, Apt. #, etc.

27 **305**

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MORALES, MICHAEL R.
21202 OLEAN BLVD STE D5
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name

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

2525 HARBOR BLVD # 305

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

TITLE **D** ☐ DELETE

NAME **MORALES, MICHAEL R.**

STREET ADDRESS **21202 OLEAN BLVD STE D5**

CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **DP** ☐ DELETE

NAME **ACOSTA, ADELARDO E.**

STREET ADDRESS **21202 OLEAN BLVD STE D5**

CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **D** ☐ DELETE

NAME **LOUIS K VALENTE, MD**

STREET ADDRESS **21202 OLEAN BLVD STE D5**

CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael R. Morales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Date

941-627-0555

Daytime Phone #