

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J94767 (7)
1. Corporation Name
ANESTHESIA ASSOCIATES OF GREATER TAMPA BAY, INC.



Principal Place of Business Mailing Address
307 S. BLVD., SUITE A
TAMPA FL 33606 307 S. BLVD., SUITE A
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 730 SOUTH STERLING AVE		26 730 SOUTH STERLING AVE		09/25/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 302		27 302		59-2887868	
City & State		City & State		Applied For	
23 TAMPA, FL		28 TAMPA, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33609		29 33609		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
25		30		7. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30.	
				8.75 Additional Fee Required	
				5.00 May Be Added to Fees	
				9. Yes 10. No	

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT STREET
SUITE 102
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	MORGAN, JOHN G.	1.2 NAME	
STREET ADDRESS	5401 TAYLOR RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	
NAME	LEON, GUILLERMO	2.2 NAME	
STREET ADDRESS	18706 AVENUE MONACO	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	KELLNER, GEORGE	3.2 NAME	
STREET ADDRESS	4804 SCOTT R	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)