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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 FEB - 1 PM 4:53

DOCUMENT # K42856

(0)

1. Corporation Name

MARION ANESTHESIA ASSOCIATES, INC.

Principal Place of Business

1528 SW 1ST AVENUE
OCALA FL 34474-4004
US

Mailing Address

1528 SW 1ST AVENUE
OCALA FL 34474-4004
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/31/1988

3a. Date of Last Report

03/21/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2916209

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROSS, SCOTT
ATTORNEY-AT-LAW
21 N MAGNOLIA AVE
OCALA 32871

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 title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME TSAO, MING-JYI
STREET ADDRESS 1528 SW 1ST AVENUE
CITY-ST-ZIP Ocala FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME COLE, TERRY
STREET ADDRESS 1528 SW 1ST AVENUE
CITY-ST-ZIP Ocala FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ROSS, MANUEL
STREET ADDRESS 1528 SW 1ST AVENUE
CITY-ST-ZIP Ocala FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
NAME NADELLA, SURESH
STREET ADDRESS 1528 SW 1ST AVENUE
CITY-ST-ZIP Ocala FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME MALNASI, LESLIE
STREET ADDRESS 1528 SW 1ST AVENUE
CITY-ST-ZIP Ocala FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GIOVANNELLI, RICHARD
STREET ADDRESS 1528 SW 1ST AVENUE
CITY-ST-ZIP Ocala FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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(3)(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 addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF LISTING OFFICER OR DIRECTOR

Date

Signature There of