

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K42856

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

2. Principal Place of Business

21 1433 SW 1st Avenue

2a. Mailing Address

26 1433 SW 1st Avenue

Suite, Apt. #, etc.

22 Suite 1

Suite, Apt. #, etc.

27 Suite 1

City & State

23 Ocala FL

City & State

28 Ocala FL

Zip

24 34474

Country

25 USA

Zip

29 34474

Country

30 USA

9. Name and Address of Current Registered Agent

CROSS, SCOTT
ATTORNEY-AT-LAW
21 N MAGNOLIA AVE
OCALA 32671

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1988

4. FEI Number

59-2916209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

R. SCOTT CROSS

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

108 NORTH MAGNOLIA AVE SUITE 101

83

84 City

OCALA

FL

85 Zip Code

34475

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

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:

SIGNATURE Suresh Nadella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/99 352 86221840

CR2E034 (1/98)

UN30000

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90029 016 ***150.00

