

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K69710

(7)

1. Corporation Name

ANESTHESIA SPECIALISTS, P.A.



Principal Place of Business

C/O ROBERT R. DICKERSON
801 - 6TH STREET SOUTH. ALL CHILDRENS HOSP
ST. PETERSBURG FL 33701

Mailing Address

C/O ROBERT R. DICKERSON
801 - 6TH STREET SOUTH. ALL CHILDRENS HOSP
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

03/02/1989

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 801 6TH ST S

26 880 6TH ST S

4. FEI Number

59-2942368

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ALL CHILDRENS HOSP

27 Suite 300

City & State

City & State

23 ST. PETERSBURG FL

28 ST PETERSBURG FL

Zip

Country

Zip

Country

24 33701

25 USA

29 33701

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, JEFFREY W
880 - 67TH ST. S.
STE. 300
ST. PETERSBURG FL 33701

81 Name

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

880 6TH ST S

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's signature, required when on state)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME ELINGER, JOHN H.
STREET ADDRESS 801-6TH ST. SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE VP
NAME DICKERSON, ROBERT R.
STREET ADDRESS 801-6TH ST. SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE P
NAME REDDERSON, CARL L.
STREET ADDRESS 801-6TH ST. SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE T
NAME MILLER, JEFFREY W.
STREET ADDRESS 801 6TH ST. SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE S
NAME VAUGHN, GLENN
STREET ADDRESS 801-6TH ST. SOUTH
CITY-ST-ZIP ST. PETERSBURG 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/95 (203) 872-4137

CR2E034 (12/95)