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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

880 6TH STREET SOUTH
SUITE 300
ST. PETERSBURG FL 33701-4824
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MILLER, JEFFREY W
880 6TH STREET SOUTH
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

03/02/1989

3a. Date of Last Report

03/27/1996

4. FEI Number

59-2942368

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 of officer or person named as registered agent and, if applicable, Secretary of State)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

VP

☐ DELETE

NAME

ELINGER, JOHN H.

STREET ADDRESS

801-6TH ST. SOUTH

CITY-ST-ZIP

ST. PETERSBURG FL

TITLE

VP

☐ DELETE

NAME

DICKERSON, ROBERT R.

STREET ADDRESS

801-6TH ST. SOUTH

CITY-ST-ZIP

ST. PETERSBURG FL

TITLE

P

☒ DELETE

NAME

REDDERSON, CARL L.

STREET ADDRESS

801-6TH ST. SOUTH

CITY-ST-ZIP

ST. PETERSBURG FL

TITLE

T

☐ DELETE

NAME

MILLER, JEFFREY W.

STREET ADDRESS

801 6TH ST. SOUTH

CITY-ST-ZIP

ST. PETERSBURG FL

TITLE

S

☐ DELETE

NAME

VAUGHN, GLENN

STREET ADDRESS

801-6TH ST. SOUTH

CITY-ST-ZIP

ST. PETERSBURG FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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. I changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)