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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K94427

ANESTHESIOLOGY ASSOCIATES OF TALLAHASSEE, P.A.

FILED May 02 1997 8:00am Secretary of State



Principal Place of Business 2173 A CENTERVILLE PL			Mailing Address			t tabitatik den south dibit dinta tent mat binti nedil didit midit binti bent batt indi			
TALLAHASSEE FL 32306			2173 A CENTERVILLE PL TALLAHASSEE FL 32308-4368						
						3. Date Incorporated or Qualified 06/12/1989	3a. Date 04/30	of Last R	leport
2. Princip	al Place of Business	2a.	Mailing Address			4. FEI Number	.1		oplied For
21		26				59-2970442			ot Applicable
	\pt #, etc	·	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional equired
(2) City & :	State	27	City & State			6. Election Campaign Financing			···
23		28	on, a olalo			Trust Fund Contribution	П		May Be to Fees
Zip	Country		Zip	Count	У	8. This corporation has liability for	intangible tax		
4	25	29		30			Yes 🔲		
	9. Name and Address	of Current Register	ered Agent		. T . :	10. Name and Address of New Re	gistered Ag	ent	
	WILSON, JOSEPH J			8	Name				
2173-A CENTERVILLE PLACE				82 Street Add		ldress (P.O. Box Number is Not Acceptable)			
	TALLAHASSEE FL 32308			1	<u> </u>				
					1				
				8-	City		FL	95 Zip	Code
11. Porso	aat to the provisions of Section	ns 607 0502 and 60	7.1508 Florida Sta	tutes, the abo	ve-named o	orporation submits this statement for the pration's board of directors. I hereby acce	ournose of ch	anging it	s registere
SIGNATUI	-Lam tamiliar with, and accep BE								
	Septembrie typed or proced name of		****		gent signature re	quired when reinstating)	DATE		
12.	Signaturi i typed ce princed namo of OFF	registered agent and little ? ICERS AND DIRECT	IORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND D		
12. Till(Sopulation Typica or connect frame of OFF	ICERS AND DIRECT	****	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND D	RECTÓF Change	
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The indexity deavy that the information supplies with installing does not qualify in the earliest in section (18.07), Florida Statutes. Therefore 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 31 if chapted or on an attachment with an address.