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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K94427

(7)

ANESTHESIOLOGY ASSOCIATES OF TALLAHASSEE, P.A.

Principal Place of Business

Mailing Address

## FILED May 07 1998 8:00am Secretary of State



2173 A CENTERVILLE PL TALLAHASSEE FL 32308 2173 A CENTERVILLE PL TALLAHASSEE FL 32308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1989 2. Principal Place of Business 2a. Mailing Address Applied For 59-2970442 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 3 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WILSON, JOSEPH J 2173-A CENTERVILLE PLACE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308

			83				ļ
			84	City	FI	<b>∟</b>	Code
<ol> <li>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 txith, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ol>							
SIGNATURE Signature typed or printed name of registered aspirit and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE							
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			RS IN J2
TITLE	D	DELETE	1.1 TITLE		<b>3</b>	Change	Addition
NAME	ZIMMERMAN, RALPH W.		1.2 NAME		LAZZELL VALERIC A	,	i
STREET ADDRESS	2173-A CENTERVILLE PL.		1.3 STREET	ADDRESS	2173-A CENTERVILLE	PL	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY - \$1	- ZIP	LAZZELL, VALERIC A. 2173-A 'CENTERVILLE TALLAHASSEE, FL 3230	8	
TITLE	VO	DELETE	2.1 TITLE			Change	Addition
NAME	COLA, ALBERTO G.		2.2 NAME				
STREET ADDRESS	2173-A CENTERVILLE PL		2.3 STREET	ADORESS			
CITY-ST-ZIP	Tallahassee fl		2. 4 CITY - S	T - 71P			
TITLE	DP	☐ DELETE	3.1 TITLE			Change	Addition
NAME	VOGELHUT, MARK M.		3.2 NAME				
STREET ADDRESS	2173-A CENTERVILLE PL		3.3 STREET	ADDRES\$			
CITY-ST-ZIP	TALLAHASSEE FL		3 4. CITY - S	T-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition
NAME	MARCHIO, WILLIAM A.		4. 2 NAME				
STREET ADDRESS	2173-A CENTERVILLE PL		4.3 STREET	address			1
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY - ST	- ZIP			
TITLE	STD	DELETE	5.1 TITLE			☐ Change	☐ Addition
HAME	CONRAD, DANIEL P		5 2 NAMÉ				
STREET ADDRESS	2173-A CENTERVILLE PLACE		5 3 STREET .	address			
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST	- ZIP			
TITLE	D	DELETE	61 TITLE			Change	☐ Addition
NAME	KLOCHANY, ALAN		6.2 NAME				
1	0479 A CENTEDIALIE DI		A A A TOFFT	LOBBERG			

TALLAHASSEE FL

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change/1, or on an infrachment with all address.

4/30/98

18(0) 385-0144

CHZEU34 (10/97)

## Officers and Directors - continued

D Fernandez, Raul O. 2173-A Centerville Place Tallahassee, FL 32308

D Dennie, John E. 2173-A Centerville Place Tallahassee, FL 32308

D Sell, Brence A. 2173-A Centerville Place Tallahassee, FL 32308