FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # K95697 (4)

1. Corporation Name

~~DEBORAH TRACY, M.D., P.A.~~
West Florida Anesthesia, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~C/O DEBORAH TRACY MD~~ ~~10019 TWELVE OAKS CT~~ ~~BROOKSVILLE FL 34613~~	~~C/O DEBORAH TRACY MD~~ ~~10019 TWELVE OAKS CT~~ ~~BROOKSVILLE FL 34613~~

3. Date Incorporated or Qualified: 06/15/1989
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business	2a. Mailing Address
21 West Florida Anesthesia, P.A.	26 West Florida Anesthesia, P.A.
Suite, Apt. #, etc. 22 11377 Cortez Blvd.	Suite, Apt. #, etc. 27 P.O. Box 5719
City & State 23 Spring Hill, FL	City & State 28 Spring Hill, FL
ZIP 24 34613 / Country 25	ZIP 29 34606 / Country 30

4. FEI Number: 59-2950096 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRACY, DEBORAH MD 10019 TWELVE OAKS CT BROOKSVILLE FL 34613	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	TRACY, DEBORAH MD	12 NAME		
STREET ADDRESS	1019 TWELVE OAKS CT	13 STREET ADDRESS	10019 Twelve Oaks Ct.	
CITY ST ZIP	BROOKSVILLE FL	14 CITY ST ZIP		
TITLE	~~V~~	21 TITLE	No longer an officer	☒ Change ☐ Addition
NAME	~~BERG, ROBERT R~~	22 NAME		
STREET ADDRESS	~~10019 TWELVE OAKS CT~~	23 STREET ADDRESS		
CITY ST ZIP	~~BROOKSVILLE FL~~	24 CITY ST ZIP		
TITLE		31 TITLE	V/T	☐ Change ☒ Addition
NAME		32 NAME	Sanfilippo, Angelo D. MD	
STREET ADDRESS		33 STREET ADDRESS	12306 Everard Dr.	
CITY ST ZIP		34 CITY ST ZIP	Spring Hill, FL 34609	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	81,195 MB	☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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.

SIGNATURE: Deborah K Tracy 4/28/95 904 5968707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0456012 FP