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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:07

DOCUMENT # K96835 (9)

1. Corporation Name

ATLANTIC COAST ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business

8247 BUSINESS PARK DR.
P.O. BOX 7520
PORT ST. LUCIE FL 34952

Mailing Address

8247 BUSINESS PARK DR.
P.O. BOX 7520
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/09/1989

3a. Date of Last Report

02/22/1994

4. FEI Number

65-0123516

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

INGRAM, KEITH MD
8247 BUSINESS PARK DR.
PORT ST LUCIE FL 34952

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
INGRAM, KEITH MD
9488 S FEDERAL HWY #506
PORT ST LUCIE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
FORBES, ROBERT MD
9488 S FEDERAL HWY #506
PORT ST LUCIE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
TURNER, DONALD MD
9488 S FEDERAL HWY #J06
PORT ST LUCIE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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

8247 BUSINESS PARK DR

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

8247 BUSINESS PARK DR

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

8247 BUSINESS PARK DR

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE:

Keith E Ingram MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/95 (407) 340-3066