

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L06230

(1)

1. Corporation Name

BOCA-DELRAY ANESTHESIOLOGY PROFESSIONAL ASSOCIATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4:14

Principal Place of Business

Mailing Address

5252 LINTON BLVD
DELRAY BCH FL 33484
US

6234 NW 23 TERRACE
BOCA RATON FL 33486-3615
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1989

3a. Date of Last Report

01/21/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0136650

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

RITTER, DAVID, M.D.
6234 NW 23 TERRACE
BOCA RATON FL 33496-0615

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 for those registered when the statement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PD
OWITZ, SIDNEY, M.D.
5589 LAKEVIEW MEWS DR
BOYNTON BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☒ Change ☐ Addition
11266 WESTLAND CIRCLE
BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

VPST
RITTER, DAVID, M.D.
6234 NW 23 TERRACE
BOCA RATON FL 33496-3615

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition
33496-3615

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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)(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 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:

David Ritter MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95

107-991-0130

Date

System Number