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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L06230 (1)
1. Corporation Name
BOCA-DELRAY ANESTHESIOLOGY PROFESSIONAL ASSOCIAT
ION



Principal Place of Business
5252 LINTON BLVD
DELRAY BCH FL 33484
US

Mailing Address
6234 NW 23 TERRACE
BOCA RATON FL 33496-3615
US

3. Date Incorporated or Qualified 08/02/1989
3a. Date of Last Report 02/08/1996
4. FEI Number 65-0136650
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

2. Principal Place of Business
21 5352 Linton Blvd
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25
2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

RITTER, DAVID, M.D.
6234 NW 23 TERRACE
BOCA RATON FL 33496-0815

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	OWITZ, SIDNEY, M.D.	1.2 NAME	
STREET ADDRESS	11266 WESTLAND CIR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VPST	2.1 TITLE	
NAME	RITTER, DAVID, M.D.	2.2 NAME	
STREET ADDRESS	6234 NW 23 TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID RITTER MD
DAVID RITTER
1-20-97
561 994 0230

CR2E034 (9/96)