

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

FILED

95 JAN 25 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L21145 (2)

1. Corporation Name

PINELLAS MEDICAL ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

MUNICIPALITY OF ST. PETERSBURG
6500 30TH AVENUE NORTH
ST. PETERSBURG, FL 33715

PO BOX 47715
ST. PETERSBURG FL 33743-7715
US

PINELLAS MEDICAL ANESTHESIA ASSOC.
-same as listed -

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/19/1989

2a. Date of Last Report

04/19/1994

2. Principal Place of Business

21. PMAA

2a. Mailing Address

26. P.O. Box 47715

4. FEI Number

59-2979055

Applied For

Not Applicable

Suite, Apt. #, etc.

22. #3

Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23. St. Petersburg, FL

City & State

28. City & State

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24. 37743-7715

Country

25. Pinellas

Zip

29. Zip

Country

30. Country

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

JACOBS, RICHARD O.
FEATHER SOUND CORPORATE II
2 CORPORATE DR., STE. 130
CLEARWATER FL 34622

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANDERS, JEFF P
5949 SEABIRD DRIVE SOUTH
GULFPORT FL

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
GARCIA, GREGORIO J
7250 14TH CT., NE
ST PETERSBURG FL

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PAZ, TOMAS
1201 89TH CT., N.E.
ST PETERSBURG FL

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CASTANEDA, TOMAS D
1600 72ND AVE., N.E.
ST PETERSBURG FL

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 110.07(3)(k), 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 its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-95

813/345-3380

Date

Daytime Phone #