

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**
95 JUN 23 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L61564 (5)
1. Corporation Name

ANESTHESIA SPECIALIST OF SOUTH FLORIDA CORP.

Principal Place of Business Mailing Address
P. O. BOX 5881 P.O. BOX 5881
HOLLYWOOD, FL 33083 HOLLYWOOD, FL 33083

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		03/30/1990	04/18/94
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		65-0197729	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/> <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. This corporation has liability for intangible tax under S. 190.022, Florida Statutes	
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RODRIGUEZ, NANCY 1096 W 42nd PLACE HIALEAH, FL 33012				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature typed or printed name of registered agent and the if applicable NOTE: Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT RODRIGUEZ, NANCY 1096 W 42nd PLACE HIALEAH, FL 33012	1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2	NAME
STREET ADDRESS		3	STREET ADDRESS
CITY - ST - ZIP		4	CITY - ST - ZIP
TITLE		21	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22	NAME
STREET ADDRESS		23	STREET ADDRESS
CITY - ST - ZIP		24	CITY - ST - ZIP
TITLE		31	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32	NAME
STREET ADDRESS		33	STREET ADDRESS
CITY - ST - ZIP		34	CITY - ST - ZIP
TITLE		41	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42	NAME
STREET ADDRESS		43	STREET ADDRESS
CITY - ST - ZIP		44	CITY - ST - ZIP
TITLE		51	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52	NAME
STREET ADDRESS		53	STREET ADDRESS
CITY - ST - ZIP		54	CITY - ST - ZIP
TITLE		61	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62	NAME
STREET ADDRESS		63	STREET ADDRESS
CITY - ST - ZIP		64	CITY - ST - ZIP

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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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Rodriguez 6/7/1995 305-437-9249
Signature and typed or printed name of signing officer or director Date Digits Here