SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M30647** **(5)**

1. Corporation Name
SOUTHEAST AMBULATORY ANESTHESIA, INC.

Principal Place of Business	Mailing Address
2829 N.E. 33 COURT **FT. LAUDERDALE FL 33306**	**2829 N.E. 33 COURT** **FT. LAUDERDALE FL 33306**

3. Date Incorporated or Qualified: **04/17/1986**
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business	2a. Mailing Address
21 1900 S. Ocean Blvd.	26 1900 S. Ocean Blvd
22 Suite, Apt. #, etc: 5A	27 Suite, Apt. #, etc: 5A
23 City & State: Pompano Bch Fl.	28 City & State: Pompano Bch. Fl.
24 Zip: 33062 25 Country: Broward	29 Zip: 33062 30 Country: Broward

4. FEI Number: **59-2674006** ☐ 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

MCINTEE, CONSTANCE M.
2829 N.E. 33 COURT
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1900 S. Ocean Blvd. 5A
83
84 City: Pompano Bch **FL** 85 Zip Code: 33062

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: Constance McIntee 6-7-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	MCINTEE, CONSTANCE M.		12 NAME		
STREET ADDRESS	2829 N.E. 33 COURT		13 STREET ADDRESS	1900 S Ocean Blvd	
CITY-ST-ZIP	FT. LAUDERDALE FL		14 CITY-ST-ZIP	Pompano Bch. Fl. 33062	
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	MCINTEE, BLAISE		22 NAME		
STREET ADDRESS	2829 N.E. 33 COURT		23 STREET ADDRESS	4109 NE 21st Ave. Apt. I	
CITY-ST-ZIP	FT. LAUDERDALE FL		24 CITY-ST-ZIP	Ft. Laud. Fl. 33308	
TITLE	D	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	MCINTEE, BERNARD		32 NAME		
STREET ADDRESS	3041 NE 49TH STREET		33 STREET ADDRESS	3050 N.E. 48th St. Apt. 107	
CITY-ST-ZIP	FT. LAUDERDALE FL		34 CITY-ST-ZIP	Ft. Laud. Fl. 33308	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Constance McIntee Constance McIntee 6/7/96 954-946-9808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)