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
2829 N.E. 33 COURT
FT. LAUDERDALE FL 33306

Mailing Address
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
21 1900 S. Ocean Blvd.
Suite, Apt. #, etc
22 5A
City & State
23 Pompano Bch Fl.
Zip 24 33062 Country 25 Broward

2a. Mailing Address
26 1900 S. Ocean Blvd
Suite, Apt. #, etc
27 5A
City & State
28 Pompano Bch. Fl.
Zip 29 33062 Country 30 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

TITLE	PD	☐ DELETE
NAME	MCINTEE, CONSTANCE M.	
STREET ADDRESS	2829 N.E. 33 COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☐ DELETE
NAME	MCINTEE, BLAISE	
STREET ADDRESS	2829 N.E. 33 COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☐ DELETE
NAME	MCINTEE, BERNARD	
STREET ADDRESS	3041 NE 49TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1900 S Ocean Blvd	
1.4 CITY-ST-ZIP	Pompano Bch. Fl. 33062	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	4109 NE 21st Ave. Apt. I	
2.4 CITY-ST-ZIP	Ft. Laud. Fl. 33308	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	3050 N.E. 48th St. Apt. 107	
3.4 CITY-ST-ZIP	Ft. Laud. Fl. 33308	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 #