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

APPROVED AND FILED

1995 MAY -1 PM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DOCUMENT # **M71163** **(3)**

1. Corporation Name
R & R ANESTHESIA SERVICES, ROST, M.D., P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JEFFREY A. ROST 489 LANTERNBACK ISLAND DRIVE SATELLITE BEACH FL 32937 US	489 LANTERN BACK IS. DR SATELLITE BEACH FL 32937 US

3. Date Incorporated or Qualified: **02/29/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 113 Lansing Is Dr	26 113 Lansing Is Dr
Suite, Apt. #, etc. 22 Indian Harbour Bch FL	Suite, Apt. #, etc. 27 —
City & State 23 32937	City & State 28 IHB FL
Zip / Country 24 / 25 USA	Zip / Country 29 32937 / 30 USA

4. FEI Number: **59-2888906** ☐ 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	10. Name and Address of New Registered Agent
ROST, JEFFREY A. ~~489 LANTERNBACK ISLAND DRIVE~~ ~~SATELLITE BEACH, FL 32937~~ 113 Lansing Dr IHB FL 32937	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 _____ DATE
*Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ROST, JEFFREY A	12 NAME	
STREET ADDRESS	~~489 LANTERNBACK ISLAND DRIVE~~ 113 Lansing Dr	13 STREET ADDRESS	
CITY ST ZIP	~~SATELLITE BEACH FL~~ Indian Harbour FL 32937	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME	one address change above	22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

Mail 5-1-95

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)(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, or on an attachment with an address.

SIGNATURE: Mary S. Rost MARY S. ROST 4-29-95 407-777-8432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000843 CP