

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M85408 (6)

1. Corporation Name

PALM BEACH OUT-PATIENT ANESTHESIA SERVICES, P.A.

Principal Place of Business

2808 N AUSTRALIAN AVENUE
WEST PALM BEACH FL 33407

Mailing Address

2808 N AUSTRALIAN AVENUE
WEST PALM BEACH FL 33407



2. Principal Place of Business

2a. Mailing Address

21 4000 BURNS ROAD

26 4000 BURNS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PALM BEACH GARDENS

28 PALM BEACH GARDENS

24 Zip

25 Country

29 Zip

30 Country

33410

U.S.A.

33410

U.S.A.

9. Name and Address of Current Registered Agent

HASELKORN, BERNARD
6490 LAKEMONT CIRCLE
GREENACRES FL 33463

3. Date Incorporated or Qualified
06/14/1988

3a. Date of Last Report
04/04/1995

4. FEI Number

65-0050888

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

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 BERNARD HASELKORN

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SZMUKLER, ABRAHAM
STREET ADDRESS 1117 MARINE WAY EAST
CITY-ST-ZIP NORTH PALM BEACH FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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 607, 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 NAME OF SIGNING OFFICER OR DIRECTOR

4-09-96

Date

407 626 4941

Daytime Phone #

CR2E034 (12/95)