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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90100 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M85408

1. Corporation Name

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



Principal Place of Business
**4000 BURNS ROAD
PALM BEACH GARDENS FL 33410
US**

Mailing Address
**4000 BURNS ROAD
PALM BEACH GARDENS FL 33410
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1988

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0050888

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HASELKORN, BERNARD
6490 LAKEMONT CIRCLE
GREENACRES FL 33463**

81 Name **Nancy McCurdy M.D.**

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

125 Dory Road North

83

84 City **North Palm Beach**

FL

85 Zip Code **33408**

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

Nancy McCurdy
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-25-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
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

**P/O/T
Nancy McCurdy, M.D.
125 Dory Road North
North Palm Beach, FL 33408**

☒ Change ☐ Addition

TITLE **T**
NAME **HASELKORN, BERNARD**
STREET ADDRESS **6490 LAKEMONT CIR**
CITY-ST-ZIP **GREENACRES FL**

☒ 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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Nancy McCurdy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-99 561-626-6446

CR2E034 (1/98)