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
95 MAY -1 AM 10: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M95064** **(5)**

1. Corporation Name
PROFESSIONAL ANESTHESIA MANAGEMENT CO., INC.

100001478901
-05/08/95--01054--001
****417.50 ****208.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2822 W. VIRGINIA AVENUE TAMPA FL 33607	2822 W. VIRGINIA AVENUE TAMPA FL 33607

3. Date Incorporated or Qualified: **08/18/1988**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: **59-2904576** ☐ 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
JACKSON, BRUCE G., M.D. 2822 W. VIRGINIA AVENUE TAMPA FL 33607	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	ALVAREZ, GEORGE G.	1.2 NAME	
STREET ADDRESS	2822 W. VIRGINIA AVE.	1.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	1.4 CITY ST ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	ERBAUGH, DUANE L.	2.2 NAME	
STREET ADDRESS	2822 W. VIRGINIA AVE.	2.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	2.4 CITY ST ZIP	
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	TENCZA, DENNIS R.	3.2 NAME	
STREET ADDRESS	2822 W. VIRGINIA AVE.	3.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	3.4 CITY ST ZIP	
TITLE	DVP	4.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, BRUCE G.	4.2 NAME	
STREET ADDRESS	2822 W. VIRGINIA AVE.	4.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	4.4 CITY ST ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	ALVAREZ-GIL, FRANCISCO	5.2 NAME	
STREET ADDRESS	2822 W. VIRGINIA AVE.	5.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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, added or deleted.

SIGNATURE: [signature] BRUCE G. JACKSON, M.D. 4/27/95 813-879-5761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0293281 CP