

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **m95064**  
1. Corporation Name  
**PROFESSIONAL ANESTHESIA MANAGEMENT COMPANY, INC.**

Principal Place of Business: **2822 W. VIRGINIA AVE**  
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08-19-88**

4. FEI Number  
**59-2904576**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business: **21**  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address: **26**  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
**JOSEPH W. RUGG**  
**ANNIS, MITCHELL, COCKEY, EDWARDS, & ROEHN**  
**SUITE 2100**  
**ONE TAMPA CITY CENTER BUILDING**  
**TAMPA FL 33601**

10. Name and Address of New Registered Agent

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 *Joseph W. Rugg* DATE **6/18/98**

12. OFFICERS AND DIRECTORS

| TITLE                           | NAME         | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|--------------|----------------|-------------|
| <input type="checkbox"/> DELETE | SEE ATTACHED |                |             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE                                                             | NAME              | STREET ADDRESS    | CITY-ST-ZIP       |
|-------------------------------------------------------------------|-------------------|-------------------|-------------------|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 11 TITLE          | 12 NAME           | 13 STREET ADDRESS |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 14 CITY-ST-ZIP    | 21 TITLE          | 22 NAME           |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 23 STREET ADDRESS | 24 CITY-ST-ZIP    | 31 TITLE          |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 32 NAME           | 33 STREET ADDRESS | 34 CITY-ST-ZIP    |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 41 TITLE          | 42 NAME           | 43 STREET ADDRESS |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 44 CITY-ST-ZIP    | 51 TITLE          | 52 NAME           |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 53 STREET ADDRESS | 54 CITY-ST-ZIP    | 61 TITLE          |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | 62 NAME           | 63 STREET ADDRESS | 64 CITY-ST-ZIP    |

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; that I am the person 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 in an attachment with Block 13.

SIGNATURE: *Frank Alvarez-Gil* **Frank Alvarez-Gil, M.D.** **6/23/98** **813-879-5761**

CR2E034 (10/97)

**PROFESSIONAL ANESTHESIA MANAGEMENT COMPANY, INC.**  
EIN 59-2904576

Officers and Directors

Alvarez, George – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Alvarez-Gil, Frank – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Bauzys, Raymond – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Diehr, Jerry – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Erbaugh, Duane – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Gruber, James – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Johnpulle, Camillus – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Johnson, Michael – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Kaufman, Marc – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Kellner, George – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Klein, Malcolm – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Leon, Guillermo – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Parris, Winston – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Smalto, Gary – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Tencza, Dennis – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Westbury, Michael – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Wicks, Anthony – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607

Yeung, Wan-Blu – Vice President  
2822 W. Virginia Ave  
Tampa, FL 33607