

4-17-97 B-4860 C
FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17, 1997 8:00 am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002549 (3)

1. Corporation Name

FLORIDA SOCIETY OF ANESTHESIA MANAGERS, INC.



Principal Place of Business

Mailing Address

~~1261 S. TAMiami TR~~
~~SARASOTA FL 34239~~

1261 S. TAMiami TR
SARASOTA FL 34239-2221

3. Date Incorporated or Qualified
03/02/1993

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 **413 Bayshore Drive**

26 **413 Bayshore Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Osprey FL**

28 **Osprey FL**

24 Zip

Country

29 Zip

Country

34229

USA

34229

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREULICH, APRIL I.

~~1261 S. TAMiami TR~~
~~SARASOTA FL 34239~~

81 Name

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

413 Bayshore Drive

83

84 City

Osprey

FL

85 Zip Code
34229

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature] **April I. Greulich, President** **4/10/97**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------------|---------------------------------|
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | SMOCK, KAREN P | |
| STREET ADDRESS | 2472 CONGRESS ST | |
| CITY - ST - ZIP | FT. MYERS FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | MUIR, LEE | |
| STREET ADDRESS | %700 2ND AVE N., #302 | |
| CITY - ST - ZIP | NAPLES FL 33940 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SUTTON, CAROL | |
| STREET ADDRESS | %3949 EVANS AVE., #102 | |
| CITY - ST - ZIP | FT. MYERS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

[Signature] **Karen P. Smock**

4/7/97 941-332-4782

CR2F037 (9/96)