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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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BAY AREA SOCIETY OF ANESTHESIOLOGISTS, INC.

TAMPA GENERAL HOSPITAL. DEPT. OF ANESTH. ROOM G-208, DAVIS ISLANDS TAMPA FL 33606				TAMPA GENERAL HOSPITAL, DEPT. OF ANESTH. ROOM G-208, DAVIS ISLANDS TAMPA FL 33606			4.	3. Date Incorporated or Qualified 04/02/1996						
			I An	11 1 1 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				ľ	4. FEI Number				Applied For	
									<u>59-339132</u>	7			Not Applicat	
2. Principal Place of Business			2a. 26					Certificate of Status Desired Section Section Section Secti						
Sulte, Apt.	#, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be						
City & State			27					Trust Fund Contribution Added to Fees						
23	9		28	City & State	<u> </u>				7. Is this nonprofit or		omeownei Yes [tion?	
Žip		Country		Zip	Cou	intry		- [8. This corporation of	•				
24	9 Name	25 Address of	Current Regist	29 36 Registered Agent					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
	<u> </u>	SING AGGINGS OF	Current riegist	ALDO NOTE		81	Name		TO. ITALINE MITO ACCUSE		Sieraiea	- Senit		
DADOCT ³	T OUADE	-6 17 M												
BARRETT, CHARLES V III 701 N. FRANKLIN ST.				62 Street Ac			Address	s (P.O. Box Number is	Not Accepte	bie)				
		J1.				83								
Suite 30 Tampa 1						84							85 Zip Code	
IMMPA I	r. 03002						City				FL	85 Zi		
11. Purcuant i	to the provide	ione of Sections 6	17 0502 and 61	7 1508 Florida Status	tec the el	D0//6	a-nemod	1 corpore	ation exhaute this state	amont for the			ite register	
office or re agent. I as	egistered aç m familiar w	gent, or both, in the ith, and accept the	e State of Florid e obligations of	la. Such change was , Section 617.0503, FI	authorize lorida Stat	d by lutes	the cor	rporation'	ation submits this state is board of directors.	hereby acce	pt the app	ointment i	as registered	
SIGNATURE _	Signature, typed	or printed name of regis	stered agent and title i	it applicable (NO	TE Registere	d Age	nt signature	re required w	when reinstating)		DATE			
12.		OFFICE	RS AND DIREC	TORS	13.				ADDITIONS/CHAN	GES TO OFFI	CERS AND	DIRECTO		
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NAME	DOWNS	S, JOHN B M.D.							M M / A // A // /	וו מש	7.17			
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	T.G.H., TAMPA				1.3 S1 1.4 CI	TREET		30	704 Swa ampa Fr	nn A	ve. 309	Pre	siden	
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CITY-ST-ZIP TITLE	T.G.H., TAMPA D SMITH,	DEPT. OF ANES FL 33608 PATRICIA	STH., ROOM (☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N	TREET ITY - S ITLE AME	T-ZIP V	Ray	704 Swa ampa, Fl fael Migue	nn A 336 1 m0	ve. 309 .moc	59	sideni Addit	
CITY-ST-ZIP TITLE NAME	T.G.H., TAMPA D SMITH, T.G.H.,	DEPT. OF ANES FL 33608 PATRICIA DEPT. OF ANES	STH., ROOM (☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N	TREET ITY - S ITLE AME		USF	704 Swa ampa, Fl fael Migue	nn A 336 1 m0	ve. 309 .moc	59	sident Wice-	
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