

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001871 (0)**

1. Corporation Name

BAY AREA SOCIETY OF ANESTHESIOLOGISTS, INC.



Principal Place of Business TAMPA GENERAL HOSPITAL, DEPT. OF ANESTH. ROOM G-208, DAVIS ISLANDS TAMPA FL 33606	Mailing Address TAMPA GENERAL HOSPITAL, DEPT. OF ANESTH. ROOM G-208, DAVIS ISLANDS TAMPA FL 33606
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3. Date Incorporated or Qualified

04/02/1996

4. FEI Number

59-3391327

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARRETT, CHARLES V III
701 N. FRANKLIN ST.
SUITE 300
TAMPA FL 33602**

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWNES, JOHN B M.D.	
STREET ADDRESS	T.G.H., DEPT. OF ANESTH., ROOM G-208	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, PATRICIA	
STREET ADDRESS	T.G.H., DEPT. OF ANESTH., ROOM G-208	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VARLOTTA, DAVID D.O.	
STREET ADDRESS	T.G.H., DEPT. OF ANESTH., ROOM G-208	
CITY-ST-ZIP	TAMPA FL 33606	

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		

1.1 TITLE	P John Warren, M.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	3704 Swann Ave.	
1.3 STREET ADDRESS	Tampa, FL 33609	
1.4 CITY-ST-ZIP	President	

2.1 TITLE	VP Rafael Miguel, MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	USF Anesthesiology, MDC 59	
2.3 STREET ADDRESS	12901 Bruce B. Downs Blvd	
2.4 CITY-ST-ZIP	Tampa, FL 33612	

3.1 TITLE	D, S-T George Saviello, MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	USF Anesthesiology - MDC 59	
3.3 STREET ADDRESS	12901 Bruce B. Downs Blvd	
3.4 CITY-ST-ZIP	Tampa, FL 33612	

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 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 in an attachment with an address.

SIGNATURE: *[Signature]*

1/21/98

(813) 251-7082

CR25037 (10/97)