

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600001871

BAY AREA SOCIETY OF ANESTHESIOLOGISTS, INC.

Principal Place of Business TAMPA GENERAL HOSPITAL. DEPT. OF ANESTH.

2. Principal Place of Business

Mailing Address

2a. Mailing Address

ROOM G-208. DAVIS ISLANDS TAMPA FL 33606

TAMPA GENERAL HOSPITAL. DEPT. OF ANESTH. ROOM G-208, DAVIS ISLANDS TAMPA FL 33606

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90148 021 ****61.25



3. Date incorporated or Qualifed

Suite, Apt. 8, etc. Suite, Apt. 8, etc.	21	110,pai 1000 01 = 1011			26						04/02/1996						
City & State 23											Numb	er				A	oplied For
City & State 23 28	22			27						59	339	1327				N	ot Applicable
Zip Country Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be Added to Fees S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10.	<u> </u>				City & State		5 Contiferate of Status Desired					\$8.75 Additional					
Section Sect	23		28	28						Turcate	OI Status	Desired			Fee R	equired	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 81 Name BARRETT, CHARLES V III 701 N. FRANKLIN ST. SUITE 300 TAMPA FL 33602 11. Fursuant to the provisions of Sections 617 6502 and 617 1509. Florids Statutes, the above-named comparation submits this datement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 6503, Florids Statutes, the above-named comparation submits this datement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 6503, Florids Statutes, the above-named comparation submits this datement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 6503, Florids Statutes, the above-named comparation submits this datement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 6503, Florids Statutes, the above-named comparation submits this datement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 6503, Florids Statutes, the above-named comparation submits this datement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 6503, Florids Statutes, the above-named comparation submits this datement for the purpose of changing the registered agent. I am familiar with, and accept the obligations of, Section 617 6503, Florids Statutes, the above-named comparation is better from the purpose of changing the registered agent. I am familiar with, and accept the obligations of, Section 617 6503, Florids Statutes, the above-named comparation is better from the registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept	Zip		Country	Zip Cour				intry		6. Ele	ction C	ampaign	Financin	ng 🖂		\$5.00	May Be
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: