

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:34

DOCUMENT # P92000014142 (3)

1. Corporation Name

ANESTHESIA CONSULTANTS OF ST. PETERSBURG, P.A.

Principal Place of Business

**3839 4TH STR NO
STE 430
ST. PETERSBURG FL 33703
US**

Mailing Address

**PO BOX 22186
ST. PETERSBURG FL 33742-2186
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1993

3a. Date of Last Report

02/15/1994

4. FEI Number

59-3152125

Applied For

Not Applicable

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LONG, WILLIAM G JR
3839 4TH STR NO
STE 430
ST. PETERSBURG FL 33703**

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

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

(NOTE: Registered Agent signature required when correlating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	O'NEILL, JAMES F JR.	1.2 NAME	
STREET ADDRESS	3839 4TH STR NO, STE 430	1.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, WILLIAM J	2.2 NAME	
STREET ADDRESS	3839 4TH STR NO, STE 430	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, FREDERICK O	3.2 NAME	
STREET ADDRESS	3839 4TH STR NO, STE 430	3.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LONG, WILLIAM G JR.	4.2 NAME	
STREET ADDRESS	3839 4TH STR NO, STE 430	4.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PANARO, ROBERT J	5.2 NAME	
STREET ADDRESS	3839 4TH STR NO, STE 430	5.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	VALENTINE, DWIGHT D	6.2 NAME	
STREET ADDRESS	3839 4TH STR NO, STE 430	6.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Russell H. Naird **Treas** **6 Feb 1995**

(Date)

(Typed Name)