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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014142

1. Corporation Name

ANESTHESIA CONSULTANTS OF ST. PETERSBURG, P.A.

Principal Place of Business

ST ANTHONY'S HOSPITAL
1200 7TH AVE N
ST. PETERSBURG FL 33705
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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME O'NEILL, JAMES F JR.

STREET ADDRESS 1200 7TH AVE N

CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☐ DELETE

NAME BROWN, WILLIAM J

STREET ADDRESS 1200 7TH AVE N

CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☐ DELETE

NAME BROWN, FREDERICK O

STREET ADDRESS 1200 7TH AVE N

CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☐ DELETE

NAME LONG, WILLIAM G JR.

STREET ADDRESS 1200 7TH AVE N

CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☐ DELETE

NAME VALENTINE, DWIGHT D

STREET ADDRESS 1200 7TH AVE N

CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☐ DELETE

NAME NORRIS RUSSELL L

STREET ADDRESS 1200 7TH AVE N

CITY-ST-ZIP ST. PETERSBURG FL 33705

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 FEB 1999

727 823-2188

CR2E034 (11/98)