

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000008329 (3)

1. Corporation Name

SOUTH FLORIDA ANESTHESIA CONSULTANTS, P.A.



Principal Place of Business

Mailing Address

1510 VENERA AVENUE  
CORAL GABLES FL 33146

P.O. BOX 144070  
CORAL GABLES FL 33114-4070

3. Date Incorporated or Qualified  
02/02/1993

3a. Date of Last Report  
06/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0419919

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDS, JAMES H  
1510 VENERA AVENUE  
CORAL GABLES FL 33146

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME ANNIS, PAUL  
STREET ADDRESS 1510 VENERA AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33146

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD  
NAME EDWARDS, JAMES H  
STREET ADDRESS 1510 VENERA AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33146

☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME BOYAJAIN, GEOFFREY J  
STREET ADDRESS 1510 VENERA AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33146

☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD  
NAME MURCIANO, ENRIQUE  
STREET ADDRESS 1510 VENERA AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33146

☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(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 617, 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 SIGNING OFFICER OR DIRECTOR

DATE

DATE PREPARED

7/3/96 (305)  
662 2925

CR2E034 (3/96)