

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 SEP 30 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044007

1. Corporation Name

SUNCOAST ANESTHESIOLOGY, INC.

Principal Place of Business

Mailing Address

2311 FORREST CREST CIRCLE
LUTZ, FL. 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 2311 FORREST CREST CIRCLE

22 LUTZ FL

23 Zip 33549

24 Country USA

2a. Mailing Address

26 2311 FORREST CREST CIRCLE

27 LUTZ FL

28 Zip 33549

29 Country USA

4. FEI Number

593187008

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

DEBRA S. ERIKSEN, D.O.
SUNCOAST ANESTHESIOLOGY, INC.
2311 FORREST CREST CIRCLE
LUTZ FL. 33549

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 607.0542 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

Debra S. Erikson, D.O.

8/20/98

12. OFFICERS AND DIRECTORS

12.1 NAME DEBRA S. ERIKSEN, D.O. ☐ DELETE
12.2 STREET ADDRESS 2311 FORREST CREST CIRCLE
12.3 CITY, ST, ZIP LUTZ FL. 33549

12.4 VICE PRESIDENT ☐ DELETE
12.5 NAME KENNETH S. ERIKSEN
12.6 STREET ADDRESS 2311 FORREST CREST CIRCLE
12.7 CITY, ST, ZIP LUTZ FL. 33549

12.8 ☐ DELETE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY, ST, ZIP

12.12 ☐ DELETE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, ST, ZIP

12.16 ☐ DELETE
12.17 NAME
12.18 STREET ADDRESS
12.19 CITY, ST, ZIP

12.20 ☐ DELETE
12.21 NAME
12.22 STREET ADDRESS
12.23 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY, ST, ZIP

13.4 NAME

13.5 STREET ADDRESS

13.6 CITY, ST, ZIP

13.7 NAME

13.8 STREET ADDRESS

13.9 CITY, ST, ZIP

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 NAME

13.14 STREET ADDRESS

13.15 CITY, ST, ZIP

13.16 NAME

13.17 STREET ADDRESS

13.18 CITY, ST, ZIP

13.19 NAME

13.20 STREET ADDRESS

13.21 CITY, ST, ZIP

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 NAME

13.26 STREET ADDRESS

13.27 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)(b), Florida Statutes. I further certify that the information
and data 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 registered agent 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 of this filing, or on an attachment with an address.

SIGNATURE:

Debra S. Erikson, D.O.

8/20/98

813-971-8736

CR2E034 (10/97)

PAWLOWSKI, ROBERTS & COMPANY, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

101 EAST KENNEDY BOULEVARD

SUITE 2125

TAMPA, FLORIDA 33602

KEVIN F. PAWLOWSKI, C.P.A.
RICHARD A. ROBERTS, C.P.A.

TELEPHONE: 813-225-1040
FAX: 813-221-3135

August 19, 1998

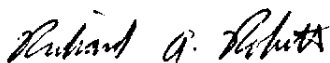
Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: SUNCOAST ANESTHESIOLOGY, INC.

Dear Sir or Madam:

Enclosed please find the completed annual report for Suncoast Anesthesiology, Inc. The report and check were processed in January; however, the personnel assigned to mailing this documentation underwent health problems and subsequently have been replaced. Due to these facts and circumstances, we ask that you accept this report along with the payment of \$150 without any additional assessment. Thank you for your consideration in this matter.

Best regards,



Richard A. Roberts

RAR/llh
Enclosures

cc: Dr. Debra Eriksen