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
2311 FORREST CREST CIRCLE
LUTZ, FL. 33549

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2311 FORREST CREST CIRCLE
Suite, Apt. # etc.
22
City & State
23 LUTZ FL
Zip 24 33549 Country 25

2a. Mailing Address
26 2311 FORREST CREST CIRCLE
Suite, Apt. # etc.
27
City & State
28 LUTZ FL.
Zip 29 33549 Country 30 USA

3. Date Incorporated or Qualified

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 607.0502 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. Said 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. Eriksen, DO. DATE: 8/20/98
(If changing Registered Agent, signature of new Registered Agent required)

12. OFFICERS AND DIRECTORS

TITLE	CEO	☐ DELETE
NAME	DEBRA S. ERIKSEN, D.O.	
STREET ADDRESS	2311 FORREST CREST CIRCLE	
CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	KENNETH S. ERIKSEN	
STREET ADDRESS	2311 FORREST CREST CIRCLE	
CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS	B 10/1 98	
64 CITY-ST-ZIP		

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****150.00 ****150.00

CR2E034 (10/97)

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 attached sheet, with an address.

SIGNATURE: Debra S. Eriksen, DO. 8/20/98 813-971-8236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

Richard A. Roberts

RAR/llh
Enclosures

cc: Dr. Debra Eriksen