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FILED

Feb 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000045302 (5)

1. Corporation Name

SPENCER ANESTHESIA SERVICES, P.A.

Principal Place of Business

Mailing Address

801 NOKOMIS AVE.
VENICE FL 34285

801 NOKOMIS AVE.
VENICE FL 34285



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1993

4. FEI Number

65-0420503

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

2. Principal Place of Business

21 402 Wellington Ct.

Suite, Apt. #, etc.

22

City & State

23 Venice, FL

Zip

24 34292

Country

25 USA

2a. Mailing Address

26 402 Wellington Ct.

Suite, Apt. #, etc.

27

City & State

28 Venice, FL

Zip

29 34292

Country

30 USA

9. Name and Address of Current Registered Agent

SPENCER, SHARON L
801 NOKOMIS AVE.
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 402 Wellington Ct.

84

City Venice

FL

85 Zip Code

34292

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

Sharon L. Spencer

Pres. & CEO

2-12-98

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

(NOTE: Registered Agent signature required when retreating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SPENCER, SHARON L
STREET ADDRESS 801 NOKOMIS AVE.
CITY-ST-ZIP VENICE FL 34285

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SHARON SPENCER (Address change)

1.3 STREET ADDRESS 402 Wellington Ct.

1.4 CITY-ST-ZIP VENICE, FL 34292

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.

SIGNATURE: Sharon L. Spencer (SHARON L. SPENCER) 2-12-98 (941) 494-9284

CR2E034 (10/97)