FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAY -1 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P93000052220

1. Corporation Name

CONTINENTAL ANESTHESIA SERVICES P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1321 NW 14 STREET SUITE 603 MIAMI FL 33125	1321 NW 14 STREET SUITE 603 MIAMI FL 33125

3. Date Incorporated or Qualified: JULY 26,1993

3a. Date of Last Report: APRIL 26,1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0457386 ☐ 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 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
JAY R GROSSMAN MD 2838 BRICKELL AVENUE MIAMI FL 33129	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	JAY R GROSSMAN MD	12 NAME	
STREET ADDRESS	2838 BRICKELL AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	14 CITY-ST-ZIP	
TITLE	TREASURER	21 TITLE	☐ Change ☐ Addition
NAME	RONALD LEE SAMSON MD	22 NAME	
STREET ADDRESS	4181 MALAGA AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	24 CITY-ST-ZIP	
TITLE	SECRETARY	31 TITLE	☐ Change ☐ Addition
NAME	OSVALDO D VALDES MD	32 NAME	
STREET ADDRESS	15551 SW 54TH TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185	34 CITY-ST-ZIP	
TITLE	DIRECTOR	41 TITLE	☐ Change ☐ Addition
NAME	ALFRED FEINGOLD MD	42 NAME	
STREET ADDRESS	5310 MAGGIORE ST	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	44 CITY-ST-ZIP	
TITLE	DIRECTOR	51 TITLE	☐ Change ☐ Addition
NAME	JOSE F ANGEL MD	52 NAME	
STREET ADDRESS	251 CRANDON BLVD SUITE 435	53 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE 33149	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	2nd
STREET ADDRESS		63 STREET ADDRESS	5-1-95
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: _____ JAY R GROSSMAN MD PRESIDENT 4/26/95 (305)325-9548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #