

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000052220 (9)**

1. Corporation Name

CONTINENTAL ANESTHESIA SERVICES, P.A.



Principal Place of Business

Mailing Address

1321 N.W. 14TH ST.
STE. #803
MIAMI FL 33125
US

1321 N.W. 14TH ST.
STE. #803
MIAMI FL 33125
US

3. Date Incorporated or Qualified
07/26/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0457386		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSSMAN, JAY R.
2838 BRICKELL AVE.
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

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

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GROSSMAN, JAY R. 2838 BRICKELL AVE MIAMI	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T SAMSON, RONALD L MD 4181 MALAGA AVE. COCONUT GROVE FL 33133	<input type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S VALDES, OSVALDO D MD 15551 S.W. 54TH TERRACE MIAMI FL 33185	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	D FEINGOLD, ALFRED MD 5310 MAGGIORE ST. CORAL GABLES FL 33146	<input type="checkbox"/> DELETE	1.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	D ANGEL, JOSE F MD 251 CRANDON BLVD. STE. #435 KEY BISCAYNE FL 33149	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	2.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	3.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	4.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	5.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		<input type="checkbox"/> DELETE	6.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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; that I am the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of this filing, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

Date

(305) 325-9548

City/State/Phone

CR2E034 (12/95)