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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 12:50

DOCUMENT # P93000054846 (9)

1. Corporation Name
THE ANESTHESIA GROUP OF SARASOTA, P.A.

Principal Place of Business	Mailing Address
1500 HILLLVIEW DR SARASOTA FL 34239	1500 HILLLVIEW DR SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1993
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business
21: 3920 BEE RIDGE ROAD
22 Suite, Apt. #, etc.: BLDG A, SUITE B
23 City & State: SARASOTA, FL
24 Zip: 34233 25 Country: USA

2a. Mailing Address
26: 3920 BEE RIDGE ROAD
27 Suite, Apt. #, etc.: BLDG A, SUITE B
28 City & State: SARASOTA, FL
29 Zip: 34233 30 Country: USA

4. FEI Number: ~~APPLIED FOR~~ 65-0522437 ☐ 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

FRIEDER, HENRY P
1500 HILLVIEW DR
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name: KENNETH BLAU, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 3920 BEE RIDGE ROAD
83: BLDG A, SUITE B
84 City: SARASOTA, 85 FL Zip Code: 34233

11. Pursuant to the provisions of Sections 607.0102 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] KENNETH BLAU, M.D. / PRESIDENT 1-17-95
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DS ☑ Change ☐ Addition
NAME	ADAMS, GREGORY F	1.2 NAME	
STREET ADDRESS	1500 HILLVIEW DR	1.3 STREET ADDRESS	3920 BEE RIDGE ROAD, BLDG A, SUITE B
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	DVA	2.1 TITLE	DP ☑ Change ☐ Addition
NAME	BLAU, KENNETH	2.2 NAME	
STREET ADDRESS	1500 HILLVIEW DR	2.3 STREET ADDRESS	3920 BEE RIDGE ROAD, BLDG A, SUITE B
CITY-ST-ZIP	SARASOTA FL 34239	2.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	DT	3.1 TITLE	DT ☐ Change ☐ Addition
NAME	FRIEDER, HENRY P	3.2 NAME	
STREET ADDRESS	1500 HILLVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	3.4 CITY-ST-ZIP	
TITLE	DAS	4.1 TITLE	DV ☑ Change ☐ Addition
NAME	KOZMA, GEORGE	4.2 NAME	
STREET ADDRESS	1500 HILLVIEW DR	4.3 STREET ADDRESS	3920 BEE RIDGE ROAD, BLDG A, SUITE B
CITY-ST-ZIP	SARASOTA FL 34239	4.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	DS	5.1 TITLE	DAS ☑ Change ☐ Addition
NAME	WANG, JANICE	5.2 NAME	
STREET ADDRESS	1500 HILLVIEW DR	5.3 STREET ADDRESS	3920 BEE RIDGE ROAD, BLDG A, SUITE B
CITY-ST-ZIP	SARASOTA FL 34239	5.4 CITY-ST-ZIP	SARASOTA, FL. 34233
TITLE	DAS	6.1 TITLE	☑ Change ☐ Addition
NAME	KOZMA, GEORGE	6.2 NAME	
STREET ADDRESS	1500 HILLVIEW DR	6.3 STREET ADDRESS	[DUPLICATE ENTRY — REMOVE]
CITY-ST-ZIP	SARASOTA FL 34239	6.4 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: [signature] Kenneth Blau, M.D. 1-17-95 813-927-0882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0343764 CP