

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 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 # **P93000057744 (3)**

1. Corporation Name

INTERNATIONAL ANESTHESIA SERVICES, P.A.

Principal Place of Business

**777 EAST 25TH ST.
SUITE 219
HALEAH FL 33013**

Mailing Address

**777 EAST 25TH ST.
SUITE 219
HALEAH FL 33013**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1993

4. FEI Number

65-0429238

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**SAKOWITZ, ALAN
1111 KANE CONCOURSE
STE. 401
BAY HARBOR ISLANDS FL 33154**

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. 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **S DIAZ-LANDA, RICARDO M.D.**
STREET ADDRESS **777 E. 25TH STREET #219**
CITY-ST-ZIP **HALEAH FL**

TITLE ☐ DELETE
NAME **T SELEM, JOSE M.D.**
STREET ADDRESS **777 E. 25TH STREET #219**
CITY-ST-ZIP **HALEAH FL**

TITLE ☐ DELETE
NAME **D GARCIA, BASILO M.D.**
STREET ADDRESS **777 E. 25TH STREET #219**
CITY-ST-ZIP **HALEAH FL**

TITLE ☐ DELETE
NAME **D GONZALEZ, CARLOS M.D.**
STREET ADDRESS **777 E. 25TH STREET, #219**
CITY-ST-ZIP **HALEAH FL**

TITLE ☐ DELETE
NAME **P DIAZ, M.D., MARIO**
STREET ADDRESS **777 E. 25 STREET #219**
CITY-ST-ZIP **HALEAH FL**

TITLE ☐ DELETE
NAME **VP SANCHEZ-MEDIO, M.D., JORGE**
STREET ADDRESS **777 E. 25 STREET #219**
CITY-ST-ZIP **HALEAH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D Alvarez, Francisco M.D.
777 East 25th Street, #219
Hialeah FL 33013

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

[Signature]

4/24/98 (305) 836-0021

CR2E034 (10/97)