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 FEB 22 AM 10:08

DOCUMENT # **P93000060900 (6)**

1. Corporation Name

MEADOWS ANESTHESIA SERVICE, P.A.

Principal Place of Business	Mailing Address
2255 GLADES RD. SUITE 340W BOCA RATON FL 33431	2255 GLADES RD. SUITE 340W BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1993
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21)	2a. Mailing Address (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: 65-0431720 ☐ 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

BELOFF, DONN A ESQ.
2255 GLADES RD.
SUITE 340W
BOCA RATON FL 33431

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 _____ 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	D	1.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	ROGOFF, BENZION M	1.2 NAME		
STREET ADDRESS	2255 GLADES RD SUITE 340W	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	DIAZ, PEDRO M.D.	2.2 NAME		
STREET ADDRESS	2255 GLADES RD., SUITE 340W	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	CASTENHOLZ, RAYMOND C M.D.	3.2 NAME	Castenholz, Raymond H. M.D.	
STREET ADDRESS	2255 GLADES RD., SUITE 340W	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	LIBSCH, LAWRENCE M.D.	4.2 NAME		
STREET ADDRESS	2255 GLADES RD., SUITE 340W	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	LIEBERMAN, RICHARD M.D.	5.2 NAME		
STREET ADDRESS	2255 GLADES RD., SUITE 340W	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	LUCK, GEORGE R M.D.	6.2 NAME		
STREET ADDRESS	2255 GLADES RD., SUITE 340W	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431	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: mRadford I.C.S. RADFORD 2/15/95 407 395 7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0256625 CP

13. Additions/Changes to Officers and Directors in 12

Title	P/D	☐ Change	☒ Addition
Name	Welhaf, William R.		
Street Address	2266 Glades RD., Suite 340W		
City-St-Zip	Boca Raton FL 33431		
Title	S/T/D	☐ Change	☒ Addition
Name	Radford, Ian		
Street Address	2266 Glades RD., Suite 340W		
City-St-Zip	Boca Raton FL 33431		