

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 # 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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 by notary public of registered agent and if not applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROGOFF, BENZION M	
STREET ADDRESS	2255 GLADES RD SUITE 340W	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DIAZ, PEDRO M.D.	
STREET ADDRESS	2255 GLADES RD., SUITE 340W	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CASTENHOLZ, RAYMOND H M.D.	
STREET ADDRESS	2255 GLADES RD., SUITE 340W	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LIBSCH, LAWRENCE M.D.	
STREET ADDRESS	2255 GLADES RD., SUITE 340W	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, RICHARD M.D.	
STREET ADDRESS	2255 GLADES RD., SUITE 340W	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LUCK, GEORGE R M.D.	
STREET ADDRESS	2255 GLADES RD., SUITE 340W	
CITY- ST- ZIP	BOCA RATON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 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:

Benzion Rogoff
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 (407) 3957100
Date Daytime Phone #

CR2E034 (12/95)

13. Additions/Changes to Officers and Directors in 12

Title P/D
Name Welhaf, William R.
Street Address 2255 Glades Road, Suite 340W
City-St-Zip Boca Raton FL 33431

☐ Change ☒ Addition

Title S/T/D
Name Radford, Ian
Street Address 2255 Glades Road, Suite 340W
City-St-Zip Boca Raton FL 33431

☐ Change ☒ Addition

SIGNATURE: 

1/30/96
Date

(407)3957100
Daytime Phone