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PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 MAR -2 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060900 (6)

1. Corporation Name
MEADOWS ANESTHESIA SERVICE, P.A.

Principal Place of Business	Mailing Address
1382 S.W. 13TH PLACE BOCA RATON FL 33486	ONE EAST BROWARD BLVD., STE 1300 FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1993

2. Principal Place of Business	2a. Mailing Address:
21 569208 Arbor Club Way	26 569208 Arbor Club Way
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Boca Raton, Florida	28 City & State: Boca Raton, Florida
24 Zip: 33433 25 Country: USA	29 Zip: 33433 30 Country: USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE 3000 MIAMI FL 33131	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROGOFF, BENZION 1382 S.W. 13TH PL. BOCA RATON FL 33486	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/C RONALD S. WEISBERG 569208 Arbor Club Way Boca Raton, FL 33433	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WELHAF, WILLIAM R MD 1382 S.W. 13TH PLACE BOCA RATON FL 33486	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/D ALLAN FRANKLE 569208 Arbor Club Way Boca Raton, FL 33433	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CASTENHOLZ, RAYMOND C M.D. 1382 S.W. 13TH PLACE BOCA RATON FL 33486	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	 569208 Arbor Club Way Boca Raton, FL 33433	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LIBSCH, LAWRENCE M.D. 1382 S.W. 13TH PLACE BOCA RATON FL 33486	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	800002446248---5 -03/03/98--01104--018 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LIEBERMAN, RICHARD M.D. 1382 S.W. 13TH PLACE BOCA RATON FL 33486	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LUCK, GEORGE R M.D. 1382 S.W. 13TH PLACE BOCA RATON FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	 569208 Arbor Club Way Boca Raton, FL 33433	XX Change ☐ Addition **SEE ATTACHMENT**

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: Ronald Weisberg, M.D. 2/17/98 561 368-2737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0269243

ATTACHMENT

13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE:	V/D	ADDITION
NAME:	ALFREDO RAMOS	
ADDRESS:	569208 Arbor Club Way Boca Raton, FL 33433	

TITLE:	V/D	
NAME:	FERNANDO T. GARCIA-DORTA	ADDITION
ADDRESS:	569208 Arbor Club Way Boca Raton, FL 33433	

TITLE:	V/D	ADDITION
NAME:	STEVEN MILSTEIN	
ADDRESS:	569208 Arbor Club Way Boca Raton, FL 33433	