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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90001 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000065562**

1. Corporation Name

**ALACHUA ANESTHESIOLOGISTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
801 SW 2ND AVENUE GAINESVILLE FL 32601		2001 A NW 41ST ST GAINESVILLE FL 32606 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified <b>09/13/1993</b>			
4. FEI Number <b>59-3201617</b>			
Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent			
ZANDER, ERIK M 801 SW 2ND AVENUE GAINESVILLE FL 32601			
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1.1 TITLE	TREASURER
NAME	ZANDER, ERIK M MD	1.2 NAME	Alexander Multak, MD
STREET ADDRESS	801 SW 2ND AVENUE	1.3 STREET ADDRESS	801 S.W. 2nd Ave.
CITY-ST-ZIP	GAINESVILLE FL 32601	1.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	VP	2.1 TITLE	
NAME	HOLLOWAY, ALAN MD	2.2 NAME	
STREET ADDRESS	801 SW 2ND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	O'LAUGHLIN, MICHAEL MD	3.2 NAME	
STREET ADDRESS	801 SW 2ND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	ABUSRUR, SADI MD	4.2 NAME	
STREET ADDRESS	801 SW 2ND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ROVERE, LOUIS MD	5.2 NAME	
STREET ADDRESS	801 SW 2ND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CARNEVALE, PHILIP MD	6.2 NAME	
STREET ADDRESS	801 SW 2ND AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	6.4 CITY-ST-ZIP	

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 no effect.

CR2E034 (11/98)