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

APPROVED AND FILED

95 MAY -1 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075291 (3)**

1. Corporation Name

UNIVERSAL ANESTHESIA CARE, P.A.

700001478897
-05/08/95--01054--001
****417.50 ****208.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2822 WEST VIRGINIA AVE. TAMPA FL 33607	2822 WEST VIRGINIA AVE. TAMPA FL 33607

3. Date Incorporated or Qualified: **10/29/1993**
3a. Date of Last Report: **04/14/1994**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State	28	City & State
24	Zip	25 County	29 Zip	30 County

4. FEI Number: **59-3207696** ☐ 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 [illegible] Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOGGS, E. JACKSON
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

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 607.1538, 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
(Appointed registered agent and title, if applicable) (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, GEORGE G	12 NAME		
STREET ADDRESS	5212 WINDLAFF AVE.	13 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33625	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ-GIL, FRANCISCO	22 NAME		
STREET ADDRESS	1105 VALLADOLID DE AVILA	23 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33613	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	JACKSON, BRUCE G	32 NAME		
STREET ADDRESS	12506 CLENDENNING DR.	33 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33624	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, MICHAEL T	42 NAME		
STREET ADDRESS	1303 BLOSSOM BROOK COURT	43 STREET ADDRESS		
CITY ST ZIP	BRANDON FL 33511	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KLEIN, MALCOLM T	52 NAME		
STREET ADDRESS	94 BALTIC CIRCLE	53 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33606	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	KONOPKA, ANDREW J	62 NAME		
STREET ADDRESS	634 EDGEWATER, #611	63 STREET ADDRESS		
CITY ST ZIP	DUNEDIN FL 34698	64 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 any attachment with an address.

SIGNATURE: [signature] BRUCE G. JACKSON, M.D. 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

871-5741
Daytime Phone #

0292274 CP