

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000075291 (3)**

1. Corporation Name

**UNIVERSAL ANESTHESIA CARE, P.A.**



Principal Place of Business <b>2822 WEST VIRGINIA AVE. TAMPA FL 33607</b>	Mailing Address <b>2822 WEST VIRGINIA AVE. TAMPA FL 33607</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>10/29/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3207696</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>BOGGS, E. JACKSON 501 E. KENNEDY BLVD. SUITE 1700 TAMPA FL 33602</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b> 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>ALVAREZ, GEORGE G</b>	1.2 NAME					
STREET ADDRESS	<b>5212 WINDLAFF AVE.</b>	1.3 STREET ADDRESS					
CITY-ST-ZIP	<b>TAMPA FL 33625</b>	1.4 CITY-ST-ZIP					
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>ALVAREZ-GIL, FRANCISCO</b>	2.2 NAME					
STREET ADDRESS	<b>1105 VALLADOLID DE AVILA</b>	2.3 STREET ADDRESS					
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	2.4 CITY-ST-ZIP					
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>JOHNSON, MICHAEL T</b>	3.2 NAME					
STREET ADDRESS	<b>1303 BLOSSOM BROOK COURT</b>	3.3 STREET ADDRESS					
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	3.4 CITY-ST-ZIP					
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>KLEIN, MALCOLM T</b>	4.2 NAME					
STREET ADDRESS	<b>94 BALTIC CIRCLE</b>	4.3 STREET ADDRESS					
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	4.4 CITY-ST-ZIP					
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>KONOPKA, ANDREW J</b>	5.2 NAME					
STREET ADDRESS	<b>634 EDGEWATER, #611</b>	5.3 STREET ADDRESS					
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

14. I do 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 \_\_\_\_\_

CR2E034 (4/97)