


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 12, 1999 8:00 am  
Secretary of State

03-12-1999 90038 004 \*\*\*317.50

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P93000075291

1. Corporation Name

UNIVERSAL ANESTHESIA CARE, P.A.

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

Mailing Address  
2822 WEST VIRGINIA AVE.  
TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3207696	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RUGG, JOSEPH W ANNIS, MITCHELL, COCKEY, EDWARDS & ROHEN SUITE 2100, ONE TAMPA CITY CNTR BLDG TAMPA FL 33601				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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.

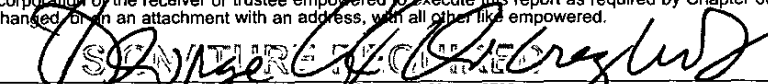
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, GEORGE G	1.2 NAME	
STREET ADDRESS	2822 WEST VIRGINIA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTBURY, MICHAEL	2.2 NAME	
STREET ADDRESS	2822 WEST VIRGINIA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLERMO, LEON	3.2 NAME	
STREET ADDRESS	2822 WEST VIRGINIA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEHR, JERRY	4.2 NAME	
STREET ADDRESS	2822 WEST VIRGINIA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ-GIL, FRANK	5.2 NAME	
STREET ADDRESS	2822 WEST VIRGINIA AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUZYS, RAYMOND	6.2 NAME	
STREET ADDRESS	2822 WEST VIRGINIA AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	6.4 CITY-ST-ZIP	

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 from an attachment with an address, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
George G. Alvarez, M.D.  
Date 1/19/99 Daytime Phone # 813-879-5761

CR2E034 (11/98)