FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000017088 (3)**

1. Corporation Name

ANESTHESIA & ANALGESIA ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
100 N TAMPA ST STE 3500 TAMPA FL 33602 US	100 N. TAMPA ST STE 3500 TAMPA FL 33602 US

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report: 08/14/1995

2. Principal Place of Business
21 1521 E. DRUID RD.
Suite, Apt. #, etc.
22
City & State
23 CLEARWATER FL
Zip 24 34616 Country 25

2a. Mailing Address
26 P.O. BOX 340
Suite, Apt. #, etc.
27
City & State
28 INDIAN ROCKS BEACH FL
Zip 29 34635 Country 30

4. FEI Number: 59-3228736 — 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 liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FISHER, JOHN H II
100 N TAMPA ST
SUITE 3500
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: STEPHEN P. DANESE
82 Street Address (P.O. Box Number is Not Acceptable): 713 HIDDEN HARBOUR DR
83
84 City: INDIAN ROCKS BEACH FL 85 Zip Code: 34635

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] — Signature (typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required if registering) — DATE: 4/29/96

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	ESCOE, BOBBY L. DO	
STREET ADDRESS	713 HIDDEN HARBOR DRIVE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/29/96 — Daytime Phone #: 593-3772

CR2E034 (12/95)