

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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # **P94000029903 (9)**

1. Corporation Name

ATLANTIC ANESTHESIA SERVICES, INC.



Principal Place of Business

**2501 ROCK ISLAND ROAD
#112
MARGATE FL 33063**

Mailing Address

**2501 ROCK ISLAND ROAD
#112
MARGATE FL 33063**

3. Date Incorporated or Qualified
04/07/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

**21 9656 N.W. 7th Circle
Suite, Apt. #, etc. 1823**

**26 9656 N.W. 7th Circle
Suite, Apt. #, etc. 1823**

4. FEI Number

65-0483709

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

**22 City & State
PLANTATION, FL**

**27 City & State
PLANTATION, FL**

**23 Zip
33324**

Country

**28 Zip
33324**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STOCK, STEPHEN H
2501 ROCK ISLAND ROAD
#112
MARGATE FL 33063**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9656 N.W. 7th Circle

83 Suite 1823

84 City **Plantation**

FL

85 Zip Code
33324

11. Pursuant to the provisions of Sections 607.0102 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

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
NAME STOCK, STEPHEN H
STREET ADDRESS 2501 ROCK ISLAND ROAD #112
CITY-ST-ZIP MARGATE FL 33063**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**9656 N.W. 7th Circle #1823
PLANTATION, FL 33324**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)