

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:52

DOCUMENT # P94000042249 (0)

1. Corporation Name

SOUTHEASTERN ANESTHESIA, P.A.

Principal Place of Business

2000 S. BAYSHORE
VILLA 68
COCONUT GROVE FL 33133

Mailing Address

2000 S. BAYSHORE
VILLA 68
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/26/1994

3a. Date of Last Report

2. Principal Place of Business

21 5817 21ST AVE WEST

2a. Mailing Address

26 P.O. BOX 8206

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 BAPTISTON, FLORIDA

27 City & State

28 LONGBOAT KEY, FLORIDA

Zip

24 34209

Country

25 USA

Zip

29 34228

Country

30 USA

4. FBI Number

65-0502079

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

FRIEDMAN, DAVID
2699 STIRLING RD.
SUITE A201
HOLLYWOOD FL 33312

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 607.1508, 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 date of registration)

(NOTE: Registered Agent signature required when furnishing)

DATE

OFFICERS AND DIRECTORS

12. TITLE D
NAME LEVIN, RICHARD M
STREET ADDRESS 2000 S. BAYSHORE DR., VILLA 68
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

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☐ Addition

14. I 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)(b), 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. 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, as applicable, or on an attachment with an address.

SIGNATURE:

Richard M. Levin

RICHARD M. LEVIN, MD

JAN 29 1995

813 387-8418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature