

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, REMAINING AMOUNT DUE TO REINSTATE: \$275)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
95 JUL 10 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048038 (1)

1. Corporation Name

ST. JOHN'S ANESTHESIOLOGY, INC.

Principal Place of Business

1401 WEST SEMINOLE BLVD.  
SANFORD FL 32771

Mailing Address

1401 WEST SEMINOLE BLVD.  
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

06/20/1994

4. FEI Number

59-3321344

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

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREGANZ, PETER R MD  
1401 WEST SEMINOLE BLVD.  
SANFORD FL 32771

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 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 D  
NAME PREGANZ, PETER R MD  
STREET ADDRESS 1401 WEST SEMINOLE BLVD.  
CITY-ST-ZIP SANFORD FL 32771

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME ESPINOLA, ARTURO MD  
STREET ADDRESS 1401 WEST SEMINOLE BLVD.  
CITY-ST-ZIP SANFORD FL 32771

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME GARCIA-PIEDRA, ORLANDO MD  
STREET ADDRESS 1401 WEST SEMINOLE BLVD.  
CITY-ST-ZIP SANFORD FL 32771

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME DONES, G S  
STREET ADDRESS 1401 WEST SEMINOLE BLVD.  
CITY-ST-ZIP SANFORD FL 32771

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME AVIDON, G S MD  
STREET ADDRESS 1401 WEST SEMINOLE BLVD.  
CITY-ST-ZIP SANFORD FL 32771

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME SANKARAN, IYER MD  
STREET ADDRESS 1401 WEST SEMINOLE BLVD.  
CITY-ST-ZIP SANFORD FL 32771

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in no attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. STEVEN AVIDON, M.D.

6-26-95

(407) 332-7537