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 # **P94000054491 (3)**

1. Corporation Name
STERLING ANESTHESIA, INC.

Principal Place of Business	Mailing Address
2333 PONCE DE LEON BLVD. SUIE 511 CORAL GABLES FL 33134	2333 PONCE DE LEON BLVD. SUIE 511 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **07/22/1994**
3a. Date of Last Report: **03/14/1995**

4. FEI Number: **65-0508342** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 6855 South Red Road	26 6855 South Red Road
Suite, Apt. #, etc. 22 400	Suite, Apt. #, etc. 27 400
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip 24 33143 / Country 25 USA	Zip 29 33143 / Country 30 USA

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

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 607.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	DRESNICK, STEPHEN J MD	12 NAME	
STREET ADDRESS	C/O 2333 PONCE DE LEON BLVD., SUITE 511	13 STREET ADDRESS	6855 South Red Road, Suite 400
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	Coral Gables, FL 33143
TITLE	☐ DELETE	21 TITLE	VP ☐ Change ☒ Addition
NAME		22 NAME	Jack S. Greenman, CPA
STREET ADDRESS		23 STREET ADDRESS	6855 South Red Road, Suite 400
CITY-ST-ZIP		24 CITY-ST-ZIP	Coral Gables, FL 33143
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this 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 added to the report with an address.

SIGNATURE: Stephen J. Dresnick 03/28/96 305-665-1911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Stephen J. Dresnick, M.D. President