

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

6855 S RED ROAD  
400  
CORAL GABLES FL 33143  
US

Mailing Address

6855 S RED ROAD  
400  
CORAL GABLES FL 33143-3632  
US

3. Date Incorporated or Qualified  
07/22/1994

3a. Date of Last Report  
04/05/1996

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

8. 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

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 607.1508, 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 of the person who provided name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DRESNICK, STEPHEN J MD  
STREET ADDRESS 6855 S RED ROAD SUITE 400  
CITY-ST-ZIP CORAL GABLES FL

TITLE VP ☐ DELETE  
NAME GREENMAN, JACK S CPA  
STREET ADDRESS 6855 S RED ROAD SUITE 400  
CITY-ST-ZIP CORAL GABLES 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS →  
1.4 CITY-ST-ZIP

2.1 TITLE VPIT ☐ Change ☒ Addition  
2.2 NAME LASH, STEVEN  
2.3 STREET ADDRESS 2636 NOBEL DR, STE 200  
2.4 CITY-ST-ZIP SAN DIEGO, CA 92122

3.1 TITLE VP/AT/AS ☐ Change ☒ Addition  
3.2 NAME MOORE, CHERYL  
3.3 STREET ADDRESS 2636 NOBEL DR, STE 200  
3.4 CITY-ST-ZIP SAN DIEGO, CA 92122

4.1 TITLE VP/AS ☐ Change ☒ Addition  
4.2 NAME LEBONITE, JAMES  
4.3 STREET ADDRESS 2636 NOBEL DR, STE 200  
4.4 CITY-ST-ZIP SAN DIEGO, CA 92122

5.1 TITLE AS ☐ Change ☒ Addition  
5.2 NAME WATKIN, NANCY K.  
5.3 STREET ADDRESS 6855 S. RED RD, STE 400  
5.4 CITY-ST-ZIP CORAL GABLES, FL 33143

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)