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FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1994

4. FEI Number

65-0508342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 5835 BLUE LAGOON DR

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

Zip

24 33126

Country

25 US

2a. Mailing Address

26 5835 BLUE LAGOON DR

Suite, Apt. #, etc.

City & State

28 MIAMI FL

Zip

29 33126

Country

30 US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME VPT
LASH, STEVEN
STREET ADDRESS 3636 NOBEL DR, STE 200
CITY-ST-ZIP SAN DIEGO CA

TITLE ☐ DELETE

NAME VAST
MOORE, CHERYL
STREET ADDRESS 3636 NOBEL DR, STE 200
CITY-ST-ZIP SAN DIEGO CA

TITLE ☐ DELETE

NAME VPS
LEBOVITZ, NANCY K.
STREET ADDRESS 6855 S. RED RD., STE 200
CITY-ST-ZIP SAN DIEGO CA

TITLE ☐ DELETE

NAME AS
WATKIN, NANCY K.
STREET ADDRESS 6855 S RED RD, STE 400
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 5835 BLUE LAGOON DR
1.4 CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS LEBOVITZ, JAMES A.
4.4 CITY-ST-ZIP 3636 NOBEL DR, STE 200
SAN DIEGO CA 92122

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 5835 BLUE LAGOON DR
5.4 CITY-ST-ZIP MIAMI FL 33126

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 in an attachment with an address.

SIGNATURE

CR2E034 (10/97)