

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90080 037 ***150.00

DOCUMENT # **P94000054491**

1. Corporation Name

STERLING ANESTHESIA, INC.

Principal Place of Business

5835 BLUE LAGOON DR
400
MIAMI FL 33126
US

Mailing Address

5835 BLUE LAGOON DR
400
MIAMI FL 33126
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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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 **DP** ☐ DELETE

NAME **DRESNICK, STEPHEN J MD**

STREET ADDRESS **5835 BLUE LAGOON DR**

CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VPT** ☒ DELETE

NAME **LASH, STEVEN**

STREET ADDRESS **3636 NOBEL DR, STE 200**

CITY-ST-ZIP **SAN DIEGO CA**

TITLE **VAST** ☒ DELETE

NAME **MOORE, CHERYL**

STREET ADDRESS **3636 NOBEL DR, STE 200**

CITY-ST-ZIP **SAN DIEGO CA**

TITLE **VPS** ☐ DELETE

NAME **LEBOVITZ, JAMES A**

STREET ADDRESS **3636 NOBEL DR SUITE 200**

CITY-ST-ZIP **SAN DIEGO CA 92122**

TITLE **AS** ☐ DELETE

NAME **WATKIN, NANCY K**

STREET ADDRESS **5835 BLUE LAGOON DR**

CITY-ST-ZIP **MIAMI FL 33126**

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

1.4 CITY-ST-ZIP

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

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**12526 HIGH BLUFF DR., SUITE 3
SAN DIEGO, CA 92130**

**VPT
JACKS. GREENMAN
5835 BLUE LAGOON DR.
MIAMI, FL 33126**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKS. GREENMAN

2/18/99

(305) 477-1877

Date

Daytime Phone #

CR2E034 (1/98)

0182421