Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90020 049 ***150.00

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

DOCUMENT # P9400060335

MULL ANESTHESIA SERVICES, INC.								
Principal Place of Business Mailing Address								
7925 S.W. 5TH AVENUE 7925 S.W. 5TH AVENUE GAINESVILLE FL 32607 GAINESVILLE FL 32607						DO NOT WRITE IN THIS SPACE		
					•	3. Date Incorporated or Qualifed 08/12/1994		
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
21	26				59-3259041 Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State			-			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax. Yes XINo		
	9. Name and Address of Curr					10. Name and Address of New Registered Agent		
MULL, BRENDA L 7925 S.W. 5TH AVENUE GAINESVILLE FL 32607				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
				84	City	FL 85 Zip Code		
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	0502 and 607.1508, Florida Statute ate of Florida. Such change was au igations of, Section 607.0505, Flori	es, the ab uthorized ida Statu	by tes.	e-named corp the corporation	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered		
SIGNATURE						red when reinstating) DATE		
40	Signature, typed or printed name of registered		Registered /	Ageni	t signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.		AND DIRECTORS	1,1 TITL			☐ Change ☐ Addition		
NAME	PT DDENDA		1.2 NAM					
§	MULL, BRENDA 7925 SW 5TH AVE				ADDRESS			
STREET ADDRESS			1.4 CIT					
CITY-ST-ZIP	GAINESVILLE FL 32607	☐ DELETE	2.1 TITL			☐ Change ☐ Addition		
		22		2.2 NAME				
NAME STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 C/T					
TITLE			3.1 TITI		1-61	Change Addition		
NAME	32		3.2 NA					
STREET ADDRESS			3.3 STE	REFT	ADDRESS			
CITY-ST-ZIP			3.4. CIT					
TITLE		☐ DELETE	4.1 TITI		·	☐ Change ☐ Addition		
NAME			4. 2 NA					
STREET ANNAESS	•				ADDRESS			

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

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

*3*52-332-4698

Change

Change

☐ Addition

☐ Addition