

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 # P94000075901 (6)

1. Corporation Name

CRYSTAL BAY ANESTHESIA, INC.



Principal Place of Business

Mailing Address

1314 N BAY DR  
LYNN HAVEN FL 32444

1314 N BAY DR  
LYNN HAVEN FL 32444

2. Principal Place of Business

21 16121 Patriot Drive

Suite, Apt. #, etc.

22

City & State  
23 Little Rock, Arkansas

Zip Country  
24 72212 25 USA

2a. Mailing Address

26 16121 Patriot Drive

Suite, Apt. #, etc.

27

City & State  
28 Little Rock, Arkansas

Zip Country  
29 72212 30 USA

3. Date Incorporated or Qualified

10/12/1994

3a. Date of Last Report

03/09/1995

4. FEI Number

59-3271533

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

9. Name and Address of Current Registered Agent

PAUL, REBECCA  
1314 N BAY DR  
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name Diane C. Hare, C.P.A.

82 Street Address (R.O. Box Number is Not Acceptable)  
3003 South Highway 77, Suite A

83

84 City Lynn Haven

FL

85

Zip Code  
32444

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

Diane C. Hare, C.P.A.

4/26/96

(Signature, typed or printed name of registered agent and his or her address)

(NOTE: Registered Agent Signature required when not self-filing)

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PAUL, WILLIAM L  
1314 N BAY DR  
LYNN HAVEN FL 32444

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
16121 Patriot Drive  
Little Rock, AR 72212

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

William L. Paul

William L. Paul

5-3-96

501-686-7509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)