

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000036016 (0)

1. Corporation Name

FLORIDA ANESTHESIA ASSOCIATION, INC.



Principal Place of Business

507 SE 11TH CT.  
FT. LAUDERDALE FL 33316

Mailing Address

507 SE 11TH CT.  
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified  
05/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5300 NW 33 Ave

26 5300 NW 33 Ave

4. FEI Number

65-0585138

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 204

27 Suite 204

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 Ft. Lauderdale FL

28 Ft. Lauderdale FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33309

25 Broward

29 33309

30 Broward

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVENDER, JOEL R ESQ.  
507 SE 11TH CT.  
FT. LAUDERDALE FL 33316

81 Name

Judah Ever, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

Ever + Co CPAs

83

One Financial Plaza Suite 2100

84 City

Ft. Lauderdale

FL

85 Zip Code

33394

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in block of interested party in this block if applicable

Signature typed or printed in block of interested party in this block if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST  
NAME LAVENDER, JOEL R  
STREET ADDRESS 507 SE 11TH CT.  
CITY-STATE-ZIP FT. LAUDERDALE FL 33316

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

954-485-5666

CR2E034 (12/95)