

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
4. FEI Number: **65-0585138** 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

2. Principal Place of Business: 21 **5300 NW 33 Ave** Suite, Apt. #, etc.: 22 **Suite 204** City & State: 23 **FT. Lauderdale FL** Zip: 24 **33309** Country: 25 **Broward**
2a. Mailing Address: 26 **5300 NW 33 Ave** Suite, Apt. #, etc.: 27 **Suite 204** City & State: 28 **FT. Lauderdale FL** Zip: 29 **33309** Country: 30 **Broward**

9. Name and Address of Current Registered Agent
LAVENDER, JOEL R ESQ. 507 SE 11TH CT. FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **CPA Judah Ever** DATE: **4/2/96**

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input checked="" type="checkbox"/> DELETE
NAME	LAVENDER, JOEL R	
STREET ADDRESS	507 SE 11TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Judah Ever	
1.3 STREET ADDRESS	One Financial Plaza suite 2100	
1.4 CITY-ST-ZIP	FT. Lauderdale FL 33394	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	500001787706	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/22/96--01010--031	
5.3 STREET ADDRESS	***417.50	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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: *[Signature]* **John**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/2/96** DAYTIME PHONE #: **954-485-5666**

CR2E034 (12/95)