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

PROFIT CORPORATION ANNUAL REPORT 1999



FLÖRIDA DEPARTMENT OF STATE
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 9500044378 , 1. Comporation Name DSC ANESTHESIA, M.D., P.A. May 03, 1999 8:00 am Secretary of State 05-03-1999 90041 029 ***150.00



					:		
, ,	ce of Business Mailing A	ddress $Q \wedge 1$	0 4/	521150			
			.BN 521150			4	
Suite 114 LOI			16w000, F1 -		DO NOT WRITE IN THIS SPACE		
LONGWOOD, FIA 32771 32752				52-1150	3. Date Incorporated or Qualifed		
2. Principal Place of Business 250 County Road 427 Suite (IV) 2a. Mailing Address 250 County Road 427 Suite (IV) 2a. Mailing Address 250 County Road 427 Suite (IV) 2a. Mailing Address 250 County Road 427 Suite (IV) 2a.					4. FEI Number 59-331857	G	pplied For . ot Applicable
Suite, Apt. #, etcSuite, Apt. #, etc					5. Certificate of Status Desired	\$8.75	Additional equired
City & State City & State					6. Election Campaign Financing	- \$5.00	May Be
23 LONDWOOD, EL 28					Trust Fund Contribution	1 1.	to Fees
Zip			Country		8. This corporation owes the curr	· —	
24 5 a		30			Personal Property Tax.	Maryes	□No
	Name and Address of Current Registered A	gent	81	Name	10. Name and Address of New R	egistered Agent	
G. STEVEN AVIDON			G. STEVEN ITVIOON				
500 FAWN HILL PL			82		ress (P.O. Box Number is Not Accepta ちつり FAWN けんし	ble) Pi	
1		L	83				
	SANFORD, FI 32111		84	City _	`Aup.00		Code
					ANFORD		2111
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			t signature require	d when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13. 1.1 TITLE		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	Addition 3
NAME	G. STEVEN AVIDON		1.2 NAME		•		
STREET ADDRESS	500 FAWN HILL PL		1.3 STREET	ADDRESS	•		
CITY-ST-ZIP	SANFORD FI 3877		1.4 CITY-ST		•		1 3
TITLE	0		21 TITLE			Change	Addition
NAME	P. R. PREGANZ	ini l	22 NAME	İ			ĺ
STREET ADDRESS 9 250 CR427 SUITE 114		2.3 STREET	ADDRESS				
CITY-ST-ZIP	LANGWOOD- FI 3277	T-1	2.4 City-5	T-ZIP			
TITLE	D	6	3.1 TITLE			☐ Change	Addition
NAME	ARTURIO ESPINOLA	,	3.2 NAME				-
STREET ADDRESS	250 CR 427 SUITE ILY LANGWOOD, FI 32711		3.3 STREET	ĺ			<i>*</i>
CITY-ST-ZIP	LANGWOOD, FI 381111		3.4. CITY-5 4.1 TITLE	T-ZIP		Change	Addition
NAME			4.2 NAME		·		~
STREET ADDRESS		l l	4.3 STREET	ADDRESS			i
CITY-ST-ZIP		l l	4.4 CITY-ST		•		l
TITLE			5.1 TITLE			☐ Change	Addition
NAME	*		5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZEP			5.4 CITY-ST	-ZIP			
TITLE			6.1 TITLE			☐ Change	Addition
NAME		2	6.2 NAME				./\
STREET ADDRESS			6.3 STREET	ADDRESS	•		

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 suppleyfental 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 trystee 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 TYPES OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/28/39

4167-332-7537

Daytime Phone #