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Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000049172 (6)**

1. Corporation Name

**ADVANCED ANESTHESIA TECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

**2862 SHADY OAK CT  
CLEARWATER FL 34621**

**2862 SHADY OAK CT  
CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/22/1995**

4. FEI Number

**59-3333033**

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 11300 49<sup>th</sup> ST. N**

**26 11300 49<sup>th</sup> ST. N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 1**

**27 1**

City & State

City & State

**23 CLEARWATER, FL**

**28 CLEARWATER, FL**

Zip

Country

Zip

Country

**24 33762**

**25 U.S.A.**

**29 33762**

**30 U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TANGALAKIS, STANLEY G  
2862 SHADY OAK CT.  
CLEARWATER FL 34621**

81 Name

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

83

84 City **CLEARWATER**

**FL**

85 Zip Code **33761**

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

*Stanley G. Tangalakakis*

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

**1-10-98**

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
TANGALAKIS, STANLEY G  
2862 SHADY OAK CT  
CLEARWATER FL 34621**

TITLE ☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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.

SIGNATURE: *Stanley G. Tangalakakis*

**1-10-98 (813) 573-0088**

CR2E034 (10/97)