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 # P95000068104

1. Corporation Name

Hillsborough Anesthesia Associates, P.A.

Principal Place of Business — Mailing Address

3. Date Incorporated or Qualified: 09/05/95
3a. Date of Last Report:

2. Principal Place of Business
21 5013 N. Armenia Ave
Suite, Apt. #, etc.
22
City & State
23 Tampa, FL
Zip 24 33603 Country 25

2a. Mailing Address
26 3704 Swann Avenue
Suite, Apt. #, etc.
27
City & State
28 Tampa, FL
Zip 29 33609 Country 30

4. FEI Number: 59-3332632 ☐ 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

Haney, R. Reid
101 E. Kennedy Blvd
Suite 4100
Tampa, FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 — DATE

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	P	☐ DELETE
NAME	Gianetti, Richard	
STREET ADDRESS	3100 E. Fletcher Ave	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE	VP	☐ DELETE
NAME	Bockenstein, Charles R	
STREET ADDRESS	3100 E. Fletcher Ave	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE	S/T	☐ DELETE
NAME	Varlotta, David	
STREET ADDRESS	3100 E. Fletcher Ave	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE	P Greenberger, Robert A	☐ DELETE
NAME		
STREET ADDRESS	3100 E. Fletcher Ave	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE	D	☐ DELETE
NAME	Long, Frank	
STREET ADDRESS	3100 E. Fletcher Ave	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE	D	☐ DELETE
NAME	Longbottom, Ward G	
STREET ADDRESS	3100 E. Fletcher Ave	
CITY-ST-ZIP	Tampa, FL 33613	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	500001845425	☐ Change ☐ Addition
6.2 NAME	-05/31/96--01019--013	
6.3 STREET ADDRESS	***225.00	
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: RICHARD GIANETTI 5-22-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)