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Mar 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000071176 (8)

1. Corporation Name

COMMUNITY ANESTHESIA CARE, P.A.

Principal Place of Business

Mailing Address

3704 SWANN AVE
TAMPA FL 33609
730 S. Sterling Ave.
Suite 302
Tampa, FL 33609

3704 SWANN AVE
TAMPA FL 33609
730 S. Sterling Ave.
Suite 302
Tampa, FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 730 S. Sterling Ave

26 730 S. Sterling Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27 Suite A

City & State

City & State

23 Tampa, FL

28 Tampa, FL

24 33609

29 33609

Country

Country

25

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANEY, R. REID
101 E KENNEDY BLVD
SUITE 4100
TAMPA FL 33602

81 Name Virginia R. Nelson
82 Street Address (P.O. Box Number is Not Acceptable)
730 S. Sterling Ave, Suite A
83
84 City Tampa FL 85 Zip Code 33609

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

Virginia Nelson

3-12-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P + D ☐ DELETE

NAME GIANETTI, RICHARD
STREET ADDRESS 3100 E FLETCHER AVE
CITY-ST-ZIP TAMPA FL 33613

TITLE V + D ☐ DELETE

NAME BECKENSTEIN, CHARLES R
STREET ADDRESS 3100 E FLETCHER AVE
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ DELETE

NAME SILVER, RICHARD B
STREET ADDRESS 3100 E FLETCHER AVE
CITY-ST-ZIP TAMPA FL 33613

TITLE ST + D ☐ DELETE

NAME VARLOTTA, DAVID
STREET ADDRESS 3100 E FLETCHER AVE
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ DELETE

NAME WEISSMAN, STEVEN L
STREET ADDRESS 3100 E FLETCHER AVE
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ DELETE

NAME GREENBERGER, ROBERT A
STREET ADDRESS 3100 E FLETCHER AVE
CITY-ST-ZIP TAMPA FL 33613

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Franklin Howell
1.3 STREET ADDRESS 3100 E. Fletcher
1.4 CITY-ST-ZIP Tampa, FL 33613

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Frank Long
2.3 STREET ADDRESS 3100 E. Fletcher
2.4 CITY-ST-ZIP Tampa, FL 33613

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Ward Longbottom
3.3 STREET ADDRESS 3100 E. Fletcher
3.4 CITY-ST-ZIP Tampa, FL 33613

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME John Werten
4.3 STREET ADDRESS 3100 E. Fletcher
4.4 CITY-ST-ZIP Tampa, FL 33613

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Joseph Reshkin
5.3 STREET ADDRESS 3100 E. Fletcher
5.4 CITY-ST-ZIP Tampa, FL 33613

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Handwritten signature

3-12-98

(813) 979-7914

CR2E034 (10/97)