

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 # P95000076434 (6)

1. Corporation Name

EASTERN ANESTHESIA ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

2550 DOUGLAS ROAD
CORAL GABLES FL

2550 DOUGLAS ROAD
CORAL GABLES FL

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

10/05/1995

4. FEI Number

Applied For

65-0612356

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

ALPERT, MYLES L D.O.
4035 EVANS AVENUE
FORT MYERS FL 33901

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 or officer or director

Signature typed or printed name of registered agent or officer or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ALPERT, MYLES L D.O.
STREET ADDRESS % 4035 EVANS AVENUE
CITY-ST-ZIP FORT MYERS FL 33901 ☐ DELETE

1. TITLE PIVITS ☐ Change ☒ Addition
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

TITLE D
NAME SHAPIRO, DAVID M.D.
STREET ADDRESS % 4035 EVANS AVENUE
CITY-ST-ZIP FORT MYERS FL 33901 ☒ DELETE

2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP ☐ Change ☐ Addition

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)