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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	PHYSICIANS SURGERY CENTER 4035 EVANS AVENUE FORT MYERS FL 33901-9308 US

3. Date Incorporated or Qualified: 10/05/1995
3a. Date of Last Report: 07/03/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): 10534 NW 11th COURT
Suite, Apt. #, etc. (27):
City & State (28): Plantation Florida
Zip (29): 33322
Country (30): USA

4. FEI Number: 65-0612356 ☐ 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

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

10. Name and Address of New Registered Agent

81 Name: CARLOS E. MOREAU
82 Street Address (P.O. Box Number is Not Acceptable)
83: 10534 NW 11th COURT
84 City: PLANTATION FL 85 Zip Code: 33322

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: CARLOS E. MOREAU MD. DATE: 02/2/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS ALPERT, MYLES L D.O. % 4035 EVANS AVENUE FORT MYERS FL ☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/S/D CARLOS EDMOND MOREAU MD. 2550 DOUGLAS RD. CORAL GABLES, FL 33134 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: SIGNATURE REQUIRED 02/20/97 (954)424-8624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0396003