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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 27 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
607091-90001-24

DOCUMENT # P95000076434

1. Corporation Name
EASTERN ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business
2550 DOUGLAS ROAD
CORAL GABLES FL

Mailing Address
10534 N.W. 11TH COURT
PLANTATION FL 33322
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1995
4. FEI Number: 65-0612356 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business: 10534 NW 11th CT
Suite, Apt. #, etc.:
City & State: PLANTATION, FL
Zip: 33322 Country: USA

2a. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent
MOREAU, CARLOS E
10534 N.W 11TH COURT
PLANTATION FL 33322

10. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number Is Not Acceptable):
City: FL 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: N/A — 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: PSD NAME: MOREAU, CARLOS E MD STREET ADDRESS: 2550 DOUGLAS RD. CITY-ST-ZIP: CORAL GABLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ 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

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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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #