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Jan 28, 1999 8:00am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000084922

ANESTHESIA MANAGEMENT CONSULTANTS, INC.

	,					11/1 /11/11/11/11/11/11/11/11/11/11/11/1	
Principal Place of Business Mailing Address				·			
5070A LAKE CATALINA DR BOCA RATON FL 33496 US 5070A LAKE CATLINA DR BOCA RATON FL 33496 US					DO NOT WRITE IN 1	THIS SPACE	
					3. Date Incorporated or Qualifed		
Principal Place of Business 2a Mailing Address					11/06/1995	4	
					4. FEI Number	Applied For	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.			-		65-0627991	Not Applicable	
22 27					5. Certifcate of Status Desired	\$8.75 Additional	
City & State City & State					1 2 3 A 1 2 1 A 1 3 A 1	Fee Required	
23 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip Country Zip			Country	y	This corporation owes the current year	Added to Fees	
24	25	29	30		Personal Property Tax.	r intangible ☐ Yes ☐ No	
-	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Register	red Agent	
НА	IRABET, JOHN K.	Control of the second	. 81	Name			
5070 A LAKE CATALINA DRIVE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	·	
BOCA RATON FL 33496				L			
			83	İ	· 對於自己的主義的主義的	119日的 119日 119日 119日	
		•	84	City	. ३६ व्यक्ति स्वर्ध के अधिकारिय स्थाप है है है है	- 85 Zip Code	
11. Pursuan	t to the provisions of Sections 607.050	2 and 007 4500 51 11 0			F	·L '	
office or	registered agent, or both, in the State	of Florida: Such change was a	es, the above uthorized by	e-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered	
		ions of, Section 607.0505, Flo	rida Statutes		or or directors. Thereby accept the ap	pointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable	<u> </u>			·	
12.		D DIRECTORS	13,	t signature required			
TILE	PTD	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS		
IAME	HAIRABET, JOHN K		1.2 NAME		1. 数据等354	☐ Change ☐ Addition	
TREET ADDRESS	The state of the s			ADDRESS		, ,	
ITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST				
ITLE	VPSD	☐ DELETE	2.1 TITLE			Change Addition	
AME	HAIRABET, PATRICIA A		2.2 NAME	ľ		☐ Change ☐ Addition [
TREET ADDRESS	5070 A LAKE CATALINA DRIVE		2.3 STREET	ADDRESS .		•	
ITY-ST-ZIP	BOCA RATON FL 33496	<u> Marie de la companya della companya della companya de la companya de la companya della company</u>	2.4 CITY-\$1	r-ZIP			
TLE	(325) A. A. A.	DELETE	3.1 TTLE	**		☐ Change ☐ Addition	
AME CONTRACTOR	医斯克里氏试验检验 医多分子的	1. (4.4)	3.2 NAME			_ •	
REET ADDRESS	A TRANSPORT OF THE		3.3 STREET	ADDRESS	A CONTROL OF THE PROPERTY OF THE PARTY OF TH	11 T	
TY-ST-ZIP TLE			3.4. CITY-ST	-ZIP			
		. DELETE	4.1 TITLE		4. 人名英格兰人姓氏克尔克的变体。	☐ Change ☐ Addition	
ME REET ADDRESS		Sugar Comment of	4. 2 NAME		•		
IY-ST-ZIP			4.3 STREET	ADDRESS			
LE	<u> </u>	D DELETE	4.4 CITY-ST-	ZIP			
ME .		☐ DELETE	5.1 TITLE	.		☐ Change ☐ Addition	
REET ADDRESS		•	5.2 NAME	,			
Y-ST-ZIP	#10	•	5.3 STREET A		en e		
LE	Order will share to	☐ DELETE	5.4 CITY-ST-	<u> </u>		·	
ME	要的人的 经收益	_ Section	6.2 NAME			☐ Change ☐ Addition	
REET ADDRESS	BRIGHT STATE		O.E INVINE			į	

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.