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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000085360 (2)

1. Corporation Name

SOUTH PALM BEACH ANESTHESIOLOGY, P.A.



Principal Place of Business

701 NORTHPOINT PARKWAY
SUITE 330
W. PALM BEACH FL 33407

Mailing Address

701 NORTHPOINT PARKWAY
SUITE 330
W. PALM BEACH FL 33407-1857

3. Date Incorporated or Qualified
11/07/1995

3a. Date of Last Report
08/05/1996

2. Principal Place of Business

21 5352 Linton Blvd

Suite, Apt. #, etc.

22

City & State

23 Delray Beach, FL

Zip

24 33484

Country

25 USA

2a. Mailing Address

26 6234 NW 23 Terrace

Suite, Apt. #, etc.

27

City & State

28 Boca Raton, FL

Zip

29 33496

Country

30 USA

4. FEI Number

65-0620896

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

ZANE, JEFFREY P ESQ.
701 NORTHPOINT PARKWAY
SUITE 330
W. PALM BEACH FL 33407

10. Name and Address of New Registered Agent

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 and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME WARHEIT, PETER S
STREET ADDRESS 3296 NORTHWEST 60TH STREET
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D DELETE

NAME GREENBERG, STEWART
STREET ADDRESS 7210 AYRSHIRE LANE
CITY-ST-ZIP BOCA RATON FL

TITLE D DELETE

NAME KEUSCH, DONALD J
STREET ADDRESS 781 NORTHEAST 37TH STREET
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D DELETE

NAME VERTKIN, GENE
STREET ADDRESS 23492 MIRABELLA CIRCLE SOUTH
CITY-ST-ZIP BOCA RATON FL

TITLE D DELETE

NAME RITTER, DAVID
STREET ADDRESS 6234 NORTHWEST 23RD TERRACE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D DELETE

NAME BUSCH, ERIC
STREET ADDRESS 2851 SOUTH OCEAN BLVD.
CITY-ST-ZIP BOCA RATON FL 33432

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Ritter

1-22-97

561 9940230

CR2E034 (9/96)