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FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000085360 (2)

1. Corporation Name

SOUTH PALM BEACH ANESTHESIOLOGY, P.A.

Principal Place of Business

5352 LINTON BLVD
DELRAY BEACH FL 33484
US

Mailing Address

6234 NW 23 TER
BOCA RATON FL 33496
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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	<input type="checkbox"/> DELETE
NAME	WARHEIT, PETER S	
STREET ADDRESS	3296 NORTHWEST 60TH STREET	
CITY - ST - ZIP	BOCA RATON FL 33496	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENBERG, STEWART	
STREET ADDRESS	7210 AYRSHIRE LANE	
CITY - ST - ZIP	BOCA RATON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KEUSCH, DONALD J	
STREET ADDRESS	781 NORTHEAST 37TH STREET	
CITY - ST - ZIP	BOCA RATON FL 33431	

TITLE	D	<input type="checkbox"/> DELETE
NAME	VERTKIN, GENE	
STREET ADDRESS	23492 MIRABELLA CIRCLE SOUTH	
CITY - ST - ZIP	BOCA RATON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RITTER, DAVID	
STREET ADDRESS	6234 NORTHWEST 23RD TERRACE	
CITY - ST - ZIP	BOCA RATON FL 33496	

TITLE	D	<input type="checkbox"/> 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	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

2.1 TITLE	VICE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	VICE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	VICE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	TREASURER / VICE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	VICE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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.

SIGNATURE:

DAVID RITTER

1-24-98 561-994-0230

CR2E034 (10/97)