FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000085360

1. Corporation Name

SOUTH PALM BEACH ANESTHESIOLOGY, P.A.

Principal Place	of Business	Ma	ailing Address									
5352 LINTON B			34 NW 23 TER									
DELRAY BEACH FL 33484 BOCA RATON FL 33496							חס אחד שם	ITE IN TUIC	SDVCL	<u>.</u>		
US US						2 Dot	DO NOT WRITE IN THIS SPACE					
							e Incorporated or Qualifed /07/1995	1				
O Deineinel Di	ace of Business	2-	Mailing Address				Number			Ann	lied For	
	ace of business		Maining Address			1	-0620896		-	+ • •	Applicable	
Suite, Apt.	# etc	26	Suite, Apt. #, etc.						\$8.		ditional	
22	77, 616.	27					tifcate of Status Desired_	[]			uired	
City & State		21	City & State			e Flor	ction Campaign Financing		\$5	00 4	May Be	
23	-	28	and a second			1	st Fund Contribution			ded to	- 1	
Zip	Country	120	Zip	Country			s corporation owes the cur	rent year Inta			-	
24	25	29	30				sonal Property Tax.	,	Yes	· ·	XINo	
,	9. Name and Address of Current						me and Address of New	Registered A	Agent			
-	<u> </u>			81	Name /	AVID R	LITTER					
	E, JEFFREY P ESQ.			82	Street Add	ress (P.O. I	Roy Number is Not Accept	table)		-		
701 NORTHPOINT PARKWAY					623	eet Address (P.O. Box Number is Not Acceptable) (234 NW 23 TERRACE						
	E 330			83								
W.P	PALM BEACH FL 33407								lee!	7in C	-do	
				84	City &C	A RATI	on .	FL	85	334	ode 96-3615	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or mailiar with and accept the obligation of the state of	ons of	da. Such change was auth Section 607.0505, Florida DAVID RITTE	orized by a Statutes	the comorali	on's board	or directors. I hereby acce	I~22~9	unent	as regi	stered	
12.	OFFICERS AND	DIRE	CTORS	13.		ADD	ITIONS/CHANGES TO O	FFICERS AN			_	
TITLE	PD		☐ DELETE	1.1 TITLE					Cha	ınge	☐ Addition [
NAME	Warheit, Peter S			1.2 NAME								
STREET ADDRESS	3296 NORTHWEST 60TH STREE	ET		1.3 STREE	TADDRESS							
CITY-ST-ZIP	BOCA RATON FL 33496		_	1.4 CITY- 5	ST-ZIP							
TITLE	VPD		☐ DELETE	2.1 TITLE					Cha	inge	Addition	
NAME	GREENBERG, STEWART			2.2 NAME							İ	
STREET ADDRESS	7210 AYRSHIRE LANE			2.3 STREE	ET ADDRESS			. .				
CITY-ST-ZIP	BOCA RATON FL			2. 4 CITY-	ST-ZIP							
TITLE	VPD		☐ DELETE	3.1 TITLE					☐ Cha	inge	Addition	
NAME	KEUSCH, DONALD J			3.2 NAME								
STREET ADDRESS	781 NORTHEAST 37TH STREET	ſ		3.3 STREE	ET ADDRESS							
CITY-ST-ZIP	BOCA RATON FL 33431			3.4. CITY-	ST-ZIP							
TITLE	VPD		☐ DELETE	4.1 TITLE					☐ Cha	ange	☐ Addition	
NAME	vertkin, gene			4. 2 NAME							1	
STREET ADDRESS	23492 MIRABELLA CIRCLE SOL	JTH		4.3 STREE	T ADDRESS						1	
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-8	ST-ZIP							
TITLE	TVPD		☐ DELETE	5.1 TITLE					Cha	ange	Addition	
NAME	RITTER, DAVID			5.2 NAME			•				ĺ	
STREET ADDRESS	6234 NORTHWEST 23RD TERR	ACE		5.3 STREE	ET ADDRESS						1	
CITY-ST-ZIP	BOCA RATON FL 33496			5.4 CITY-5	ST-ZIP							
TITLE	VPD		☐ DELETE	6.1 TITLE					Cha	inge	☐ Addition	

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 address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BUSCH, ERIC

2851 SOUTH OCEAN BLVD.

BOCA RATON FL 33432

DAVID RITTER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

director

FILED

Secretary of State

02-27-1999 90002 016 ***150.00

Feb 27, 1999 8:00 am

561 994 0230

Daytime Phone #