

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

FILED
Mar 12 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 # P95000097008 (3)

1. Corporation Name
SOUTHERN ANESTHESIA CONSULTANTS, P.A.

Principal Place of Business

P.O. BOX 30201
PENSACOLA FL 32503
US

Mailing Address

125 W ROMANA STREET
POB 30201
PENSACOLA FL 32503-1201
US

3. Date Incorporated or Qualified
12/18/1995

3a. Date of Last Report
03/25/1996

4. FEI Number
59-3350520

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOZIER, DANIEL R
125 W ROMANA STREET
SUITE 222
PENSACOLA FL 32501

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 *Ruben Timmons* *Ruben Timmons, M.D.* DATE *1-27-97*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.2 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.7 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 in 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 *Ruben Timmons*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0484499

CR2E034 (9/96)