

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

FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000003398 (0)**

1. Corporation Name  
**ALLIANCE ANESTHESIA, P.A.**

Principal Place of Business <b>3500 CENTRE CT PALM CITY FL 34990</b>	Mailing Address <b>3500 CENTRE CT PALM CITY FL 34990</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/08/1996</b>	
21		26	<b>300 NW 5th St</b>	4. FEI Number <b>65-0644710</b>	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	<b>Suite 312</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	<b>Okesechabee FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	<b>34972</b>	30	<b>USA</b>
25	Country	30	<b>USA</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEVINE, MARC  
3500 CENTRE CT  
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>VP</b>
NAME	<b>LEVINE, MARC</b>	1.2 NAME	
STREET ADDRESS	<b>3500 CENTRE CT</b>	1.3 STREET ADDRESS	<b>3500 SW Centre Ct.</b>
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<b>S,T</b>
NAME	<b>STIEFEL, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>2340 W SILVER PALM RD</b>	2.3 STREET ADDRESS	<b>6575 NW 33rd Ave</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33496</b>
TITLE		3.1 TITLE	<b>P</b>
NAME		3.2 NAME	<b>Alvarez, Ramon</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>8523 Soverbrook Dr</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*[Handwritten Signature]*

*3/2/98*

CR2E034 (10/97)