

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90044 012 \*\*\*150.00

DOCUMENT # P96000003398

1. Corporation Name

ALLIANCE ANESTHESIA, P.A.

Principal Place of Business

3500 CENTRE CT  
PALM CITY FL 34990

Mailing Address

300 NW 5TH ST  
SUITE 312  
OKEECHOBEE FL 34972  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

65-0644710

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2906 17th St

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Anesthesia Dept

27 City & State

23 St Cloud FL

28 Zip

24 34769 25 USA

29 Country

30

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

Mark A. Coel Esq

82 Street Address (P.O. Box Number is Not Acceptable)

4000 Hollywood Blvd

83

Suite 350 North

84 City

Hollywood

FL

85 Zip Code

33021

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 607.050, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

Mark A. Coel Esq

4/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VP  
LEVINE, MARC  
3500 SW CENTRE CT  
PALM CITY FL 34990

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
ST  
STIEFEL, ROBERT  
6575 NW 33RD AVE  
BOCA RATON FL 33496

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P  
ALVAREZ, RAMON  
8523 DOVERBROOK DR  
PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 on an attachment with an address, with a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Stiefel

Date

4/19/99

Daytime Phone #

741-763-7015

CR2E034 (1/98)