

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

FILED
Feb 16 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 # P96000003399 (8)

1. Corporation Name

HOLLYWOOD ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business

3500 CENTRE CT
PALM CITY FL 34990

Mailing Address

3500 CENTRE CT
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/08/1996

4. FEI Number

65-0645058

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

2. Principal Place of Business
21 3600 Washington St
Suite, Apt. #, etc.
22 Anesthesia Dept
City & State
23 Hollywood FL
Zip
24 33021
Country
25 USA

2a. Mailing Address
26 300 NW 5th St
Suite, Apt. #, etc.
27 Suite 312
City & State
28 Okeechobee FL
Zip
29 34972
Country
30 USA

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

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVINE, MARC	
STREET ADDRESS	3500 CENTRE CT	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STIEFEL, ROBERT	
STREET ADDRESS	2340 W SILVER PALM RD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3500 SW Centre Ct
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stiefel, Robert
2.3 STREET ADDRESS	6575 NW 33rd Ave
2.4 CITY-ST-ZIP	Boca Raton, FL 33496
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mulford, Thomas B.
3.3 STREET ADDRESS	912 Ponce de Leon
3.4 CITY-ST-ZIP	FT Lauderdale, FL 33316
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	Rivero, Laine
4.4 CITY-ST-ZIP	19101 Mystic Pt Dr Tower 200 Apt 2009 Aventura, FL 33180
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	Diaz, Walter
5.4 CITY-ST-ZIP	17511 NW 66th Court Miami, FL 33015
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Escobar, Luis
6.4 CITY-ST-ZIP	3510 NE 23 Ave Lighthouse Point, FL 33064

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:



Robert Stiefel MD

2/10/98

941-763-7015

CR2E034 (10/97)