

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

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

04-29-1999 90044 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000003399

1. Corporation Name

HOLLYWOOD ANESTHESIA ASSOCIATES, P.A.



Principal Place of Business

**3600 WASHINGTON ST
ANESTHESIA DEPT
HOLLYWOOD FL 33021
US**

Mailing Address

**300 NW 5TH ST
STE 312
OKEECHOBEE FL 34972
US**

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 the current year Intangible
Personal Property Tax. ☐ 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 Country

28 Zip Country

24 **25**

29 **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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mark A. Coel Esq.

4/21/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
LEVINE, MARC
3500 SW CENTRE CT
PALM CITY FL 34990

TITLE ☐ DELETE

T
STIEFEL, ROBERT
6575 NW 33RD AVE
BOCA RATON FL 33496

TITLE ☐ DELETE

P
MULFORD, THOMAS B
912 PONCE DE LEON
FT LAUDERDALE FL 33316

TITLE ☐ DELETE

VP
RIVERO, LALINE
19101 MYSTIC PT DR TOWER 200 APT 2009
AVENTURA FL 33180

TITLE ☐ DELETE

S
DIAZ, WALTER
17511 NW 66TH CT
AVENTURA FL 33015

TITLE ☐ DELETE

D
ESCOBAR, LUIS
3510 NW 23RD AVE
LIGHTHOUSE PT FL 33064

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

D
Macias, Daisy T
2410 SW 63rd Avenue
Miami, FL 33155

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

VP
Riviero, Laline
2423 Fryer Point
FT Lauderdale, FL 33305

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Stiefel

Date

Daytime Phone #

4/19/99

941-763-7015

CR2E034 (11/98)