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

DOCUMENT # **P96000016236**1. Corporation Name

HIGHLANDS ANESTHESIA ASSOCIATES, P.A.

				,							181 Mai 1 86 M 1
Principal Plac	ce of Business	Mailin	ng Address						****	, 14818 BILLE 110	END 11410 BATT (89)
% HRMC	:	POB	3OX 4156								
3600 S. HIGH	LANDS AVE.		NG FL 33871							,	- 1 - 2 - 1 -
SEBRING FL 3	33870	US					DO N	OT WRI	TE IN THIS	SPACE	. ,
US	•						3. Date Incorporated or	Qualifed			
`	· '	,				1	02/19/1996				•
2. Principal F	Place of Business	2a. M	ailing Address	-			4. FEI Number			777	Applied For
		<u> </u>	ag . 120.000				65-0654085	,			•••
21 Suite Ant	t # oto	26	illo Ant 46 ata				0070004000				Not Applicable
Suite, Apt	L. #, BIC.		uite, Apt. #, etc.				5. Certificate of Status De	esired			Additional
22		27								Fee	Required
City & Sta	ite :	L Ci	ity & State				6. Election Campaign Fire	nancing		\$5.0	0 мау Ве
23		28					Trust Fund Contribution	on ·			d to Fees
Zip	Country	Zij	р	Cot	ntry		8. This corporation owes	the curr	ent year In	tangible	
24	25	29		30			Personal Property Tax		•	X Yes	□No
	9. Name and Address of Current	t Registere	ed Agent			1	0. Name and Address		eaistered	Agent	
7 "					81 Nar						
LYB	BARGER, BRUCE						•				i
1300	N. CIRCLE		*		82 Stre	eet Address	(P.O. Box Number is Not	Accepta	ble)		**
	BRING FL 33870						F 87 92 148 848 11	ar ke di as		1 12 47 is 14/2 - 14 1 - 2	3 <u>4 5 33 28 64 28 28 33</u>
. SEE	DRIING FL 33070			•	83		- 网络罗斯维斯	点差排弃	自該主義法		
				•	04			2361.11	3. FO 1. ES.#	11.2	
					84 City	y	•	4.	FI	85 Zip	Cöde " " '
11. Pursuant	t to the provisions of Sections 607 0502	2 and 607 1	1508 Florida Stati	utes the a	nove-nam	ned comorat	ion submits this statemen	t for the	nurnose o	- ·	te registered
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida.	Such change was	authorized	by the c	orporation's	board of directors. I here	by accep	t the appo	intment as r	registered
Schrägent. Fä	am familiar with, and accept the obligati	tions of, Se	ction 607.0505, F	lorida Stati	ites.	,		•	.,		.
SIGNATURE											
	Signature, typed or printed name of registered agent				Agent signat	ture required whe	77		DATE		
12.	OFFICERS AND		ORS	TE: Registered	Agent signat	ture required whe	ADDITIONS/CHANGES	TO OF			
	OFFICERS AND				· · · · · ·	ture required whe	77	TO OF		ND DIRECT	
12.	OFFICERS AND		ORS	13.	Œ	ture required whe	ADDITIONS/CHANGES	TO OF			
12.	OFFICERS AND DP DONAIRE, ERNESTO		ORS	13. 1.1 Tr 1.2 N/	LE ME		ADDITIONS/CHANGES	TO OF			
12. TITLE NAME STREET ADDRESS	OFFICERS AND DP DONAIRE, ERNESTO 2005 DECATUR ST.		ORS	13. 1.1 T/ 1.2 N/ 1.3 S7	LE ME REET ADORE		ADDITIONS/CHANGES	TO OF			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870		ORS DELETE	13. 1.1 T/ 1.2 N/ 1.3 S7 1.4 C/	LE ME REET ADDRE		ADDITIONS/CHANGES	TO OF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870 DS		ORS	13. 1.1 Tr 1.2 N/ 1.3 ST 1.4 Cr 2.1 Tr	LE ME REET ADORE 'Y-ST-ZIP		ADDITIONS/CHANGES	TO OF			Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870 DS ARNOLD, BRIAN		ORS DELETE	13. 1.1 T/ 1.2 N/ 1.3 S7 1.4 C/	LE ME REET ADORE 'Y-ST-ZIP		ADDITIONS/CHANGES	TO OFF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A		ORS DELETE	13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 CI 2.1 Ti 2.2 N/	LE ME REET ADORE 'Y-ST-ZIP	ESS	ADDITIONS/CHANGES	TO OFF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870 DS ARNOLD, BRIAN		ORS DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST	LE ME REET ADORE IY-ST-ZIP LE ME	ESS	ADDITIONS/CHANGES	TO OFF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A		ORS DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST	LE ME REET ADDRE TY-ST-ZIP LE ME REET ADDRE	ESS	ADDITIONS/CHANGES	TO OF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A		ORS DELETE	13. 1.1 Tr 1.2 Nv 1.3 ST 1.4 Cr 2.1 Tr 2.2 Nv 2.3 ST 2.4 Cr 3.1 Tr	LE ME REET ADORE YY-ST-ZIP LE ME REET ADORE TY-ST-ZIP	ESS	ADDITIONS/CHANGES	TO OF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE	13. 1.1 Tr 12 NV 1.3 ST 1.4 Cr 2.1 Tr 2.2 NV 2.3 ST 2.4 Cr 3.1 Tr 3.2 NA	LE ME REET ADDRE YY-ST-ZIP LE ME REET ADDRE TY-ST-ZIP LE ME	ESS	ADDITIONS/CHANGES	TO OFF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE	13. 1.1 Tr 12 NV 1.3 ST 1.4 Ct 2.1 Tr 2.2 NV 2.3 ST 2.4 Ct 3.1 Tr 3.2 NA 3.3 ST	LE ME REET ADDRE TY-ST-ZIP LE ME REET ADDRE TY-ST-ZIP LE ME ME REET ADDRE	ESS	ADDITIONS/CHANGES	TO OFF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP	OFFICERS AND DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE DELETE	13. 1.1 Tf 12 NV 1.3 ST 1.4 Cf 2.1 Tf 2.2 NV 2.3 ST 2.4 Cf 3.1 Tf 3.2 NV 3.3 ST 3.4 Cf	LE ME REET ADDRE Y'- ST- ZIP LE ME REET ADDRE TY- ST- ZIP LE ME ME REET ADDRE	ESS	ADDITIONS/CHANGES		ICERS AI	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AND DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE	13. 1.1 Tr 12 NV 1.3 ST 1.4 Ct 2.1 Tr 2.2 NV 2.3 ST 2.4 Ct 3.1 Tr 3.2 NA 3.3 ST	LE ME REET ADDRE Y'- ST- ZIP LE ME REET ADDRE TY- ST- ZIP LE ME ME REET ADDRE	ESS	ADDITIONS/CHANGES		ICERS AI	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	DP DONAIRE, ERNESTO 2005 DECATUR ST SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE DELETE	13. 1.1 Tf 12 NV 1.3 ST 1.4 Cf 2.1 Tf 2.2 NV 2.3 ST 2.4 Cf 3.1 Tf 3.2 NV 3.3 ST 3.4 Cf	LE ME REET ADDRE IY-ST-ZIP	ESS	ADDITIONS/CHANGES		ICERS AI	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	DP DONAIRE, ERNESTO 2005 DECATUR ST SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE DELETE	13. 1.1 Tr 12 NV 1.3 ST 1.4 Cr 2.1 Tr 2.2 NV 2.3 ST 2.4 Cr 3.1 Tr 3.2 NA 3.3 ST 3.4. Cr 4.1 Tr 4.2 NV	LE ME REET ADDRE IY-ST-ZIP	ESS	ADDITIONS/CHANGES		ICERS AI	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DP DONAIRE, ERNESTO 2005 DECATUR ST SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE DELETE	13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NV 4.3 ST	LE ME REET ADDRE IY- ST- ZIP LE	ESS	ADDITIONS/CHANGES		ICERS AI	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	DP DONAIRE, ERNESTO 2005 DECATUR ST SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE DELETE	13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NV 4.3 ST	LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE TY-ST-ZIP LE ME ME REET ADDRE	ESS	ADDITIONS/CHANGES		ICERS AI	☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE	DP DONAIRE, ERNESTO 2005 DECATUR ST SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE DELETE DELETE DELETE	13. 1.1 TT 12 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST 3.4 CT 4.1 TT 4.2 NV 4.3 ST 4.4 CT 5.1 TT	TLE ME REET ADDRE IY-ST-ZIP LE ME	ESS	ADDITIONS/CHANGES		ICERS AI	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE DELETE DELETE DELETE	13. 1.1 TT 12 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST 3.4. CT 4.1 TT 4.2 NV 4.3 ST 4.4 CT 5.1 TT 5.2 NA	TLE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE TY-ST-ZIP LE ME ME REET ADDRE ME REET ADDRE ME	ESS ESS	ADDITIONS/CHANGES		ICERS AI	☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE DELETE DELETE DELETE	13. 11 TI 12 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 . CI 4.1 TII 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	LE ME REET ADDRE IY- ST- ZIP LE ME REET ADDRE IY- ST- ZIP LE ME REET ADDRE IY- ST- ZIP LE	ESS ESS	ADDITIONS/CHANGES		ICERS AI	☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870. DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TT 12 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST 3.4 . CT 4.1 TT 4.2 NV 4.3 ST 4.4 CT 5.1 TT 5.2 NA 5.3 ST 5.4 CT	TLE ME REET ADDRE TY-ST-ZIP LE ME REET ADDRE	ESS ESS	ADDITIONS/CHANGES		ICERS AI	☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870 DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE DELETE DELETE DELETE	13. 11 TI 12 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 . CI 4.1 TII 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	TLE ME REET ADDRE TY-ST-ZIP LE ME REET ADDRE	ESS ESS	ADDITIONS/CHANGES		ICERS AI	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP DONAIRE, ERNESTO 2005 DECATUR ST. SEBRING FL 33870. DS ARNOLD, BRIAN P.O. BOX 4156 N/A SEBRING FL 33871		ORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TT 12 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST 3.4 . CT 4.1 TT 4.2 NV 4.3 ST 4.4 CT 5.1 TT 5.2 NA 5.3 ST 5.4 CT	LE ME REET ADDRE IY- ST- ZIP LE	ESS ESS	ADDITIONS/CHANGES		ICERS AI	☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

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 changes or, on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90015 014 ***150.00

Davtime Phone #