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 # P96000049941

HERNANDO ANESTHESIA ASSOCIATES PA

Principal Place of Business 4319 RIVER BIRCH DR. SPRING HILL FL 34607

Mailing Address

7193 ROYAL OAK DR SPRING HILL FL 34607

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90150 035 ***150.00



DO NOT WRITE IN THIS SPACE

| | 3. Date Incorporated or Qualifed |
|--|---|
| | 06/10/1996 4. FEI Number Applied For |
| 2. Principal Place of Business 21. Principal Place of Business 22. Mailing Address 23. Mailing Address 24. Mailing Address 25. Cov | YEZ BLVD 59-3381364 Applied For Not Applicable |
| 21 11 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | \$8.75 Additional |
| 22 | 5. Certificate of Status Desired Fee Required |
| City & State City & State City & State Brooksville, FL Representation of the control of the city o | 6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees |
| Zip Country Zip Co | Sountry 8. This corporation owes the current year Intangible |
| 24 34613 25 29 34613 30 | Personal Property Tax. Yes □No |
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| | 81 Name |
| ARMASHI, A H | GR. Co. (A. Liver (D.O. Brank), physica Met Accordable) |
| 7193 ROYAL OAK DR | 82 Street Address (P.O. Box Number is Not Acceptable) |
| SPRING HILL FL 34607 | 83 |
| (| |
| 1 | 84 City FI 85 Zip Code |
| 44 Dissert to the application of Continue 507 0502 and 607 1509 Elected Statutes the | e 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 authorize | zed 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 Sta | tatutes. |
| SIGNATURE | eved Agent signature required when reinstating) DATE |
| | |
| | |
| m= io | Armashi Hussama |
| | 1/ 1993 1/ A = FA = 0124 |
| SIRELIADDRESS / 100 HOTTLE GAIN DIT | 3 STREET ADDRESS 12228 COPLEZ BLVD |
| 3// 3/ Li | GCIY-SI-ZIP DrookSVIIIE J L 31613 |
| TITLE DELETE 2.1 | 1 TITLE Change Addition |
| NAME 2221 | 2 NAME |
| STREET ADDRESS 2.3 | 3 STREET ADDRESS |
| CITY-ST-ZIP 2.4 | 4 CITY-ST-ZIP |
| TITLE DELETE 3.1 | 1 TITLE ☐ Change ☐ Addition |
| NAME ' 3.21 | 2 NAME |
| STREET ADDRESS 3.33 | 3 STREET ADDRESS |
| CITY-ST-ZIP 3.4. | 4. CITY-ST-ZIP |
| | i ππ.Ε ☐ Change ☐ Addition |
| NAME : 4.2 | 2 NAME |
| · · · · · | 3 STREET ADDRESS |
| | 4 CITY-ST-ZIP |
| | 1 TITLE Change Addition |
| | 2 NAME |
| | 3 STREET ADDRESS |
| | |
| ■ | 4 CITY, ST-7IP |
| CITY-ST-ZIP. 5.4 | 4 CITY-ST-ZIP |
| CITY-ST-ZIP. 54 | 1TITLE Change Addition |
| CITY-ST-ZIP. | 1 TITLE Change Addition 2 NAME |
| CITY-ST-ZIP. 5.4 TITLE DELETE 6.1 NAME 6.2 STREET ADDRESS 6.3 | 1TITLE Change Addition |

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, with all other like empowered.