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Feb 17, 1999 8:00am

**Secretary of State** 

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## 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 # P96000073879

ANESCO ANESTHESIA ASSOCIATES, INC.

Principal Place of Business Mailing Address 5757 N. DIXIE HWY 1511 E. COMMERCIAL BLVD OPERATING ROOM FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 DO NOT WRITE IN THIS SPACE 115 3. Date Incorporated or Qualifed 09/05/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number 26 Applied For 65-0694543 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 Certificate of Status Desired \$8.75 Additional 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zip Country Added to Fees Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent ☐ Yes '∃No 10. Name and Address of New Registered Agent 81 MELI, RICHARD 1511 E. COMMERCIAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 146 FT LAUDERDALE FL 33334 83 84 City 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 of corporation of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Zip Code Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE San Tag NAME KOLBERT, PAUL M Addition 1.2 NAME 1511 E. COMMERCIAL BLVD STE. 146 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIE FT LAUDERDALE FL 1.4 CITY-ST-ZIP TITLE □ DELETE 2.1 TITLE NAME ☐ Change MELI, RICHARD M Addition 2.2 NAME 1511 E. COMMERCIAL BLVD STE. 146 STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIF 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE SNYDER, SCOTT A MD ☐ Change Addition 3.2 NAME STREET ADDRESS 1511 E. COMMERCIAL BLVD, STE.146 3.3 STREET ADDRESS FT'LAUDERDALE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE 6.1 TITLE NAME Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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 Block 12 or Block 13 if changed, or on an attackment with an address with all other like empowered.

CR2E034 (11/98