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FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000082178 (0)

1. Corporation Name

ANESTHESIA ASSOCIATES OF WEST FLORIDA, P.A.



Principal Place of Business

Mailing Address

10003 133RD ST NORTH  
SEMINOLE FL 34343

10003 133RD ST NORTH  
SEMINOLE FL 34343

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1996

4. FEI Number

59-3414405

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 1521 E. DRUID RD

2a. Mailing Address

26 P. O. Box 340

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CLEARWATER FL

City & State

28 INDIAN ROCKS BEACH, FL

Zip

24 34616

Country

25 USA

Zip

29 33785

Country

30 USA

9. Name and Address of Current Registered Agent

CALEB, ROBERT T  
10003 133RD ST NORTH  
SEMINOLE FL 34343

10. Name and Address of New Registered Agent

81 Name

STEPHEN P. DANESIE

82 Street Address (P.O. Box Number is Not Acceptable)

713 HIDDEN HARBOUR DR.

83

84 City

INDIAN ROCKS BEACH

FL

85 Zip Code

33785

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, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PSTD  
STREET ADDRESS ESCOE, BOBBY E  
CITY-ST-ZIP 713 HIDDEN HARBOUR DR  
INDIAN ROCKS BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Signature

BOBBY E ESCOE 4/19/98 (813) 693-3772

CR2E034 (10/97)