

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000083198 (7)

1. Corporation Name
ANESTHESIA ASSOCIATES PAIN CENTER, INC.

Principal Place of Business
2021 KINGSLEY AVENUE #102
ORANGE PARK FL 32073

Mailing Address
2021 KINGSLEY AVENUE #102
ORANGE PARK FL 32073-5172



3. Date Incorporated or Qualified
10/04/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3409226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MILLER, DEEVID O M.D.
2021 KINGSLEY AVENUE #102
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, DEEVID O M.D.	
STREET ADDRESS	2021 KINGSLEY AVENUE #102	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Leano, Napoleon	
STREET ADDRESS	2021 Kingsley Avenue, Ste. 102	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Burdette, David C.	
STREET ADDRESS	2021 Kingsley Ave., Ste. 102	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Trescot, Andrea M.	
STREET ADDRESS	2021 Kingsley Ave., Ste 102	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Zapp, Mark A.	
STREET ADDRESS	2021 Kingsley Ave., Ste. 102	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	P /D	<input type="checkbox"/> DELETE
NAME	Valachovic, Anthony J.	
STREET ADDRESS	2021 Kingsley Ave., Ste. 102	
CITY-ST-ZIP	Orange Park, FL 32073	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO Miller

4/29/97 (904) 398-3306

Date

Daytime Phone #

0018877

CR2E034 (9/96)