

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

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

03-01-1999 90102 022 ***150.00

DOCUMENT # P96000083198

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1996

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALACHOVIC, ANTHONY M
2021 KINGSLEY AVENUE #102
ORANGE PARK FL 32073

81 Name Anthony J. Valachovic, M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
2021 Kingsley Ave Ste 102
83
84 City Orange Park FL 85 Zip Code 32073

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

Anthony J. Valachovic, MD
Signature typed or printed name of registered agent and title if applicable.

Anthony J. Valachovic, MD

DATE

1-4-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 AVE STE 102	
CITY-ST-ZIP	ORANGE PRK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURDETTE, DAVID C	
STREET ADDRESS	2021 KINGSLEY AVE STE 102	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRESCOT, ANDREA M	
STREET ADDRESS	2021 KINGSLEY AVE STE 102	
CITY-ST-ZIP	ORANGE PRK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ZAPP, MARK A	
STREET ADDRESS	2021 KINGSLEY AVE STE 102	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALACHOVIC, ANTHONY J	
STREET ADDRESS	2021 KINGSLEY AVE STE 102	
CITY-ST-ZIP	ORANGE PARK FL	

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John J Zapp, M.D.	
1.3 STREET ADDRESS	2021 Kingsley Avenue, suite 102	
1.4 CITY-ST-ZIP	Orange Park, FL 32073	
2.1 TITLE	Medical Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gary M. Reisfield, M.D.	
2.3 STREET ADDRESS	2021 Kingsley Avenue, suite 102	
2.4 CITY-ST-ZIP	Orange Park, FL 32073	
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 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.

SIGNATURE:

Anthony J. Valachovic, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 904-276-5400

Date

Daytime Phone #

CR2E034 (11/98)