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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000095064

DONAIRE ANESTHESIOLOGY, INC.

Principal Place of Business	N
6530 MAT-EE DRIVE SEBRING FL 33870	65
SEBRING FL 33870	SE
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Mailing Address

30 MAT-EE DRIVE

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90052 028 ***150.00



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9. Name and Address of Current Registered Agent DONAIRE. ERNESTO G 8530 MAT-EE DRIVE SEBRING FL 33870 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florida, Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and size of provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florida, Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. or both, in the State of Florida, Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. or both, in the State of Florida, Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. or both, in the State of Florida, Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. or both, in the State of Florida, Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the corporation's board agent. I hereby accept the appointment	24	25	29	3	0			Personal Property Tax.	-	Yes	[]No
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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.