

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 11, 1999 8:00 am
Secretary of State

03-11-1999 90144 002 ***150.00

DOCUMENT # P97000045499

1. Corporation Name

MANATEE ANESTHESIA AND PAIN ASSOCIATES, P.A.

Principal Place of Business

C/O MANATEE MEMORIAL HOSPITAL ANESTHESIA
206 SECOND STREET EAST
BRADENTON FL 34208

Mailing Address

C/O MANATEE MEMORIAL HOSPITAL ANESTHESIA
206 SECOND STREET EAST
BRADENTON FL 34208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

65-0755374

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 the current year's intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WICKMAN, JOHN E
802 11TH STREET WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name

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

4909 Manatee Avenue West

83

84 City

Bradenton

FL

85 Zip Code

34209

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

☐ DELETE

TITLE P
NAME WOLFE, DANIEL E
STREET ADDRESS 6909 PINE VALLEY STREET
CITY-ST-ZIP BRADENTON FL 34202

TITLE ST
NAME JOHNSON, JOAN D
STREET ADDRESS 6605 GULFSIDE RD
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE VP
NAME WEINGARTEN, JONAS
STREET ADDRESS 4607 5TH AVENUE WEST
CITY-ST-ZIP PALMETTO FL 34221

TITLE VP
NAME ROLO, PETER
STREET ADDRESS 761 PENFIELD STREET
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE VP
NAME GILMAN, ALAN K
STREET ADDRESS 707 KEY ROYALE DRIVE
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE P
NAME VILASE, JOSEPH A
STREET ADDRESS 4517 30TH STREET, CIRCLE E
CITY-ST-ZIP BRADENTON FL 34203

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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

DaRold, Peter
6813 Arbor Oaks Drive
Bradenton, FL 34209

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

V.P.
Vilasi, Joseph A.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 941-745-6829

Date

Daytime Phone #

CR2E034 (1/98)