

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0008401

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000047286 (4)**

1. Corporation Name

**APALACH ANESTHESIA ASSOCIATES, P.A.**

Principal Place of Business

**320 ALLEN AVE.  
PANAMA CITY FL 32401**

Mailing Address

**320 ALLEN AVE.  
PANAMA CITY FL 32401**

FILED

98 JUL 22 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/29/1997**

4. FEI Number

**59-3451767**

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 **DPST** ☐ DELETE  
NAME **CRUCE, TERI**  
STREET ADDRESS **320 ALLEN AVE.**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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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 **TERESA T. CRUCE**  
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  
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 in an attachment with an address.

SIGNATURE:

*Teresa T. Cruce*

**7/8/98**

CR2E034 (5/98)

**APALACH ANESTHESIA ASSOCIATES,PA**

320 Allen Ave  
Panama City, Florida 32401

Phone 850-763-1215  
Fax 850-747-0850

July 09, 1998

Florida Department of State  
P O Box 1500  
Tallahassee, FL 32303-1500

Dear Sir,

Apalach Anesthesia Associates, PA is a newly formed corporation as of May 29, 1997. My husband Stephen A. Cruce III has been assisting with the office management. He has been unable to assist in a satisfactory manner due to his failing vision. I am trying to get the office in order which is why the annual report has not been filed in the required time frame. I am requesting a waiver of the 400.00 fine due to the financial difficulty and extenuating circumstances at this time. I will see to it that the annual report filling will be completed in the future by the deadline now that I know it is one of the many requirements of the corporation. Thank-you for your consideration and time.

Sincerely,

Teresa T. Cruce, President