

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

FILED  
Feb 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000074337 (1)

1. Corporation Name

FLORIDA GULF-TO-BAY ANESTHESIOLOGY ASSOCIATES, P  
.A.



Principal Place of Business

Mailing Address

3704 SWANN AVENUE  
TAMPA FL 33609

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TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

65-0791956

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

2a. Mailing Address

21 730 S. Sterling

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 302

27

City & State

City & State

23 Tampa

28 FL

Zip

Country

Zip

Country

24 33609

25 Hillsborough

29

30

6. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Active in 98

PATEL, SANDIP I  
18167 U.S. HIGHWAY 19 NORTH  
SUITE 150  
CLEARWATER FL 33764

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME MANGAR, DEVANAND  
STREET ADDRESS 3704 SWANN AVENUE  
CITY-ST-ZIP TAMPA FL 33609

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 730 S. Sterling, Ste. 309  
Tampa, FL 33609

TITLE D ☐ DELETE  
NAME TOSCANO, RAMON C  
STREET ADDRESS 3704 SWANN AVENUE  
CITY-ST-ZIP TAMPA FL 33609

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 730 S. STERLING AVE., SUITE 302  
2.4 CITY-ST-ZIP TAMPA, FLORIDA 33609

TITLE D ☐ DELETE  
NAME KRICHHOFF, GARY T  
STREET ADDRESS 3704 SWANN AVENUE  
CITY-ST-ZIP TAMPA FL 33609

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 730 S. STERLING AVE., SUITE 302  
3.4 CITY-ST-ZIP TAMPA, FLORIDA 33609

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 on an attachment with an address.

SIGNATURE

*[Signature]*

*[Signature]*

CR2E034 (10/97)