

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000086287 (4)**

1. Corporation Name

INTERNATIONAL ANESTHESIA SOUTH, P.A.



Principal Place of Business

**777 EAST 25TH STREET #219
HIALEAH FL 33013**

Mailing Address

**777 EAST 25TH STREET #219
HIALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

65-0793255

Applied For
Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

**DE LA OSA, JORGE L
10680 SW 113TH STREET
SUITE 103
MIAMI FL 33176**

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 of the person named as registered agent in this filing

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
DIAZ, MARIO M.D.**
STREET ADDRESS **777 EAST 25TH STREET #219**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ DELETE

NAME **VD
SANCHEZ-MEDIO, JORGE L M.D.**
STREET ADDRESS **777 EAST 25TH STREET #219**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ DELETE

NAME **SD
DIAZ-LANDA, RICARDO M.D.**
STREET ADDRESS **777 EAST 25TH STREET #219**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ DELETE

NAME **TD
SELEM, JOSE M.D.**
STREET ADDRESS **777 EAST 25TH STREET #219**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ DELETE

NAME **D
GARCIA, BASILIO M.D.**
STREET ADDRESS **777 EAST 25TH STREET #219**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ DELETE

NAME **D
GONZALEZ, CARLOS M.D.**
STREET ADDRESS **777 EAST 25TH STREET #219**
CITY-ST-ZIP **HIALEAH FL 33013**

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

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 on an attachment with an address.

SIGNATURE

Torge Sanchez Medio 5/1/98

CR2E034 (1097)