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

DOCUMENT # P97000086287

1. Corporation Name

INTERNATIONAL ANESTHESIA SOUTH, P.A.

Principal Place	of Business	Mailing Address					1188	114601 HB 12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •		100, 700,
777 EAST 25TH	STREET #219	777 EAST 25TH STREET #	219			l							
HIALEAH FL 33013 HIALEAH FL 33013							,	DO NOT	WOITE	IN THIS	SPACE		
i		,				-	3. Date Inc				11110	OI AOL	
							10/07/	•	a 01 agua				ł
2 Principal Pl	ace of Business	2a. Mailing Address					4. FEI Num					Apr	plied For
2. Frincipal (*)	ace of business ,	26					65-079					Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.								ed [7	\$8.75 A	dditional
22		27				/ -	5. Certifcat	e or Stat	us Desire	# <u>+</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	Fee Re	quired
City & State		City & State					6. Election	Campaig	gn Financ	cing r	٦	\$5.00	May Be
23		28					Trust Fu	ind Contr	ibution			Added to	o Fees
Zip	Country	Zip	Cou	ntry			8. This con	•		current	year Inta		
24	25	29	30	r 				I Propert		B	1_4a		□No
	9. Name and Address of Current	Registered Agent		81	Nome		10. Name a	na Adar	ess of N	ew Keg	istered /	Agent	
DE I	A OSA, JORGE L			81	Name						_		
	00 SW 113TH STREET		ļ	82	Street /	Addres	s (P.O. Box I	Number i	s Not Ac	ceptable)		
	E 103		}	83									
	AI FL 33176		ļ	83	ĺ								
				84	City						FL	85 Zip C	ode/
		LOST 4500 FLETT OLD					etian oubmits	thin stat	omont fo	e tho out		changing its	registered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Florida. Such change was a	uthorized	I DV I	tne corbo	oration'	s board of di	rectors. I	hereby a	accept th	ne appoir	ntment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Statu	ıtes.	-								
SIGNATURE	Signature, typed or printed name of registered agent a	ANOTE MANAGEMENT	- Benistered	A 000	t eignature o	recivired w	hen reinstating)				DATE		
12.	OFFICERS AND		13.	-Agoin	(signature re	oquirou H		NS/CHA	NGES TO			D DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			17						Change	Addition
NAME .	DIAZ, MARIO M.D.		1.2 NA	WE.		NA	arez, f	ranc	زيرص	IND	-		-
STREET ADDRESS	777 EAST 25TH STREET #219		1.3 ST	REET	T ADDRESS	רר'	7 EW	- 25	7 1	reco			
CITY-ST-ZIP	HIALEAH FL 33013		1,4 CI	TY-S'	T-ZiP	Hia	leas. 1	FL .	33 01,	3			
TITLE	/D □ DELETE		_	2.1 TITLE								☐ Change	☐ Addition
NAME	SANCHEZ-MEDIO, JORGE L M.D.		2.2 N	2.2 NAME									Ì
STREET ADDRESS	777 EAST 25TH STREET #219		2.3 ST	REET	TADORESS								
CITY-ST-ZIP	HIALEAH FL-33013		- 2.4 CI	ITY-S	iT-ZIP		:			*	S		
TITLE	SD	☐ DELETE	3.1 TH	n.e								Change	☐ Addition
NAME	DIAZ-LANDA, RICARDO M.D.	;	3.2 NA	ME									
STREET ADDRESS	777 EAST 25TH STREET #219		3.3 \$1	REET	T ADDRESS								
CITY-ST-ZIP	HIALEAH FL 33013		24.0	ITY-S	ST-ZIP								
TITLE	1 1111 1221 11 1 2 2 2 2 1 2		3.4. U									☐ Change	☐ Addition
1141 <i>0</i>	TD	☐ DELETE	4.1 TIT			\vdash							_
NAME		☐ DELETE	_	TLE			14					-	_
STREET ADDRESS	TD SELEM, JOSE M.D.	☐ DELETE	4.1 TIT 4. 2 No	TLE IAME	T ADDRESS		<u></u>					- Change	_
STREET ADDRESS	TD SELEM, JOSE M.D.	☐ DELETE	4.1 TIT 4. 2 No	TLE IAME TREET					,			- Change	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	TD SELEM, JOSE M.D. 777 EAST 25TH STREET #219 HIALEAH FL 33013 D GARCIA, BASILIO M.D.	<u>-</u>	4.1 TIT 4. 2 N/ 4.3 ST 4.4 CF 5.1 TIT 5.2 NA	TLE IAME ITY-ST TLE AME ITREET	T-ZIP TADORESS		~					☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD SELEM, JOSE M.D. 777 EAST 25TH STREET #219 HIALEAH FL 33013 D GARCIA, BASILIO M.D. 777 EAST 25TH STREET #219	<u>-</u>	4.1 TIT 4. 2 N 4.3 ST 4.4 CF 5.1 TIT 5.2 NA 5.3 ST	TLE IAME ITY-ST TLE AME ITY-ST	T-ZIP TADORESS								☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SELEM, JOSE M.D. 777 EAST 25TH STREET #219 HIALEAH FL 33013 D GARCIA, BASILIO M.D. 777 EAST 25TH STREET #219 HIALEAH FL 33013	. DELETE	4.1 TIT 4. 2 N/ 4.3 ST 4.4 CF 5.1 TIT 5.2 N/ 5.3 ST 5.4 CF	TLE IAME ITY-ST TLE AME ITY-ST TLE TLE TLE TLE TLE	T-ZIP TADORESS							☐ Change	

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 director 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 that perior of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

HIALEAH FL 33013

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90084 004 ***150.00