FILED

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90028 005 ***150.00

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 # P97000103458

BET-TA ANESTHESIA ASSOCIATES, INC.

Principal Place of Business Mailing Address				*	
SUITE 303		SUITE 303			·
1375 JACKSON STREET FORT MYERS FL 33901		1375 JACKSON STREET FORT MYERS FL 33901			DO NOT WRITE IN THIS SPACE
FUNI MIENS F	L 33301	· · · · · · · · · · · · · · · · · · ·			3. Date Incorporated or Qualifed
					12/08/1997
2. Principal Place of Business 2a. Mailing Address			-; ·		4. FEI Number Applied For
21	· · .	26			65-0812549 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip Country			This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax.
	9. Name and Address of Current	nt Registered Agent			10. Name and Address of New Registered Agent
-	1001 1401		81	Name	*
JOHNSON, KARL L			82	Street Add	dress (P.O. Box Number is Not Acceptable)
	E 303				
	JACKSON STREET T MYERS FL 33901		83		
FUR	I MIENS FL 33901		84	City	FL 85 Zip Code
		•		<u> </u>	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	i of Florida. Such change was autho	опиесь ру	the corporati	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age			nt signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·
NAME	BOYLE, STEPHEN G		1.2 NAME		
STREET ADDRESS	330 TREASURE DRIVE		1.3 STREE	TADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL 32456		1,4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		. مسيي	2.2 NAME		والمنافق المنافق المنا
STREET ADDRESS			2.3 STREE	TADDRESS	,
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME		·	3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADORESS	
CITY-ST-ZIP			3.4. C/TY-5	ST-ZiP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	TADDRESS	•
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TILE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			5.3 STREE	T ADDRESS	. ,
CITY-ST-ZIP			5.4 CITY-S	IT-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
ATDEET ADDRESS			63 STREE	TADDRESS	·

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 the 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 oat 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

l am an

SIGNATURE: V

STREET ADDRESS

CITY-ST-ZIP