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 # P98000002036

TREASURE COAST ANESTHESIA ASSOCIATES, P.A.

Mailing Address Principal Place of Business ...

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90044 013 ***150.00



	4-4			1			
	L HWY:-SUITE 107	1300 N. FEDERAL HWY., SUITE 107 BOCA RATON FL 33432		DO NOT WRITE IN TH	S SPACE		
3)			3. Date incorporated or Qualifed 01/08/1998			
2. Principal Pla	ace of Business	2a. Mailing Address	40 6	4. FEI Number	App	pied For	
30c	N W. 5th Sheet	26 300 N.W. 5'	~ Street	105-08/8/26	Not	t Applicable	
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Re		
22 City & S ate		City & State 28 Okee choke	e FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip 3 4 6	77) [25] (15A)	Zip 34972 30	Country	This corporation owes the current year In Personal Property Tax.	ntangible Yes	[]No	
24 - (9. Name and Address of Current	120 131	1	10. Name and Address of New Registered	l Agent		
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311 81 Name Mark A. Coel Esq. 1000 Holly word Blod 83 Suite 350 North							
			1841 (311/ - 1	· · ·	85 7in (Į
			/ <u>/</u>	Hywea & FI	<u> </u>	. J.A. F	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp	oration submits this statement for the purpose	of changing its	registered	l
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the abovernance of provisions of Sections 607.0502 and 607.1506, Florida Statutes, the description of the state of Florida Statutes, the corporation's board of circutors. I hereby accept the appointment as reg stered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. April 16.5 Column 16.5							
SIGNATURE	Signature, typed or printed na ne of registered agent	and title if applicable (NOT : Re	agistered Agent signature require	od when reinstating)			=
	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	F.S IN 12	(11/98
TITLE	D	DELETE	11 T/D E	<u> </u>	Change	☐ Addition	5
			1.2 NAME S	stiefel Robert	,		
NAME .	STIEFEL, ROBERT		1.2 NAGYIC	6575 NW 33 4 Ave			F034
STREET ADDRESS	1300 N. FEDERAL HWY., SUITE	107	1.3 STREET ADDRESS	6575 NW 55 - 71 - 3345	96		"
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP	Boca Laton FL 307	Change	Addition	1 2
TITLE '>	D	☐ DELETÉ	21 TITLE	Boca Laton FL 334' Devine Marc S500 Sw Centre Court	Change	∐ ∧ddidoii	`
NAME	LEVINE, MARC		2.2 NAME	Levine Marc			
STREET ADDRESS	1300 N. FEDERAL HWY., SUITE	107	2.3 STREET ADDRESS 3	3500 Sw Centre Court			
CITY-ST-ZIP	BOCA RATON FL 33432		2 4 Crty-ST-ZIP	Palm City FL 33496			
TITLE	BOOK INTO THE GO TOE	☐ DELETE	3.1 TITLE		☐ Change	Addition	
]		<u> </u>	3.2 NAME				
NAME			1				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change	Addition	1
TITLE		☐ DELETE	4.1 TITLE		□ Change	☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				1
TITLE		☐ DELETE	5.† TITLE		Change	☐ Addition	1
NAME			5.2 NAME				
1 1			5.3 STREET ADDRESS				İ
STREET ADDRESS			54 CITY-ST-ZIP				1
CITY-ST-ZIP		O DELETE	6.1 TITLE		Change	Addition	1
TITLE		☐ DELETE			□ Onange		١.
NAME			62 NAME				*
STREET ADDRESS			6.3 STREET ADDRESS				1
CITY OF TID			64 CITY-ST-ZIP				

14. Thereby 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE TOR DIRECTOR