

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90146 020 ***150.00

DOCUMENT # P98000015062

1. Corporation Name
ABSOLUTE ANESTHESIA CORPORATION

Principal Place of Business
9506 SOUTH RED ROAD
MIAMI FL 33156

Mailing Address
9506 SOUTH RED ROAD
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1998

2. Principal Place of Business

21 1825 Ponce De Leon Blvd.

2a. Mailing Address

26 1825 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 273

27 Suite 273

City & State

City & State

23 Coral Gables FL

28 Coral Gables FL

Zip

Country

Zip

Country

24 33134

25

USA

29 33134

30

USA

9. Name and Address of Current Registered Agent

OESTERLE, DOUGLAS W
9506 SOUTH RED ROAD
MIAMI FL 33156

4. FEI Number

Applied For

165-0830515

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
- Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

81 Name

Bernard J. Pino

82 Street Address (P.O. Box Number is Not Acceptable)

2401 Alhambra Circle

83

84 City

Coral Gables

FL

85 Zip Code

33134

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 Bernard J. Pino Bernard J. Pino Chief Operating Officer

4/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA-OTERO, MARIA
STREET ADDRESS 2401 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL 33134

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President

1.2 NAME Maria Garcia-Otero

1.3 STREET ADDRESS 2401 Alhambra Circle

1.4 CITY-ST-ZIP Coral Gables, FL 33134-2110

2.1 TITLE Chief Operating Officer

2.2 NAME Bernard J. Pino

2.3 STREET ADDRESS 2401 Alhambra Circle

2.4 CITY-ST-ZIP Coral Gables, FL 33134-2110

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

Maria Garcia-Otero

Signature and typed or printed name of signing officer or director

Maria Garcia-Otero, President

4/20/99

Date

305.443-4623

Daytime Phone #

0228767

CR2E034 (11/98)