

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90130 023 ***150.00

DOCUMENT # P98000020268

1. Corporation Name

ANESTHESIA CARE EXPERTS, INC.

Principal Place of Business

880 SIXTH STREET SOUTH
STE 300
ST PETERSBURG FL 33701

Mailing Address

880 SIXTH STREET SOUTH
STE 300
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1998

4. FEI Number

59-3498964

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BRONSTEIN, JOEL D
150 SECOND AVE NORTH
STE 110
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

Glenn C. Vaughn

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

880 - 6TH ST South

83

Suite 300

84 City

St. Petersburg

FL

85 Zip Code

33701

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

(See Attached)

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 D
NAME ELINGER, JOHN H
STREET ADDRESS 880 SIXTH STREET S, STE 300
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D
NAME MILLER, JEFFREY W
STREET ADDRESS 880 SIXTH STREET S, STE 300
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D
NAME VENER, DAVID F
STREET ADDRESS 880 SIXTH STREET S, STE 300
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D
NAME DICKERSON, ROBERT R
STREET ADDRESS 660 SIXTH STREET S, STE 300
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D
NAME VAUGHN, GLENN C
STREET ADDRESS 660 SIXTH STREET S, STE 300
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE S/D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE T/D
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE S/D
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE P/D
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID VENER, M.D.

Date

Daytime Phone #

4/7/99 (727) 892-4157

CR2E034 (11/98)