

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 13, 1999 8:00 am  
Secretary of State

09-13-1999 90003 049 \*\*\*550.00

DOCUMENT # P98000022169  
Corporation Name

BOCA RATON ANESTHESIA GROUP, P.A.



Principal Place of Business

Mailing Address

ATTN: STEVEN R. MILSTEIN, M.D.  
NORTHEAST 2ND AVENUE  
DEERFIELD BEACH FL 33441

ATTN: STEVEN R. MILSTEIN, M.D.  
40 NORTHEAST 2ND AVENUE  
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

☒ 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. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ET ADDRESS	D MILSTEIN, STEVEN R M.D. 40 N.E. 2ND AVENUE DEERFIELD BEACH FL 33441	<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Allan Frankle	
1.3 STREET ADDRESS	40 N.E. 2nd Avenue	
1.4 CITY-ST-ZIP	Deerfield Beach, FL 33441	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard W. Lieberman	
2.3 STREET ADDRESS	40 N.E. 2nd Avenue	
2.4 CITY-ST-ZIP	Deerfield Beach, FL 33441	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lawrence R. Libsch	
3.3 STREET ADDRESS	40 N.E. 2nd Avenue	
3.4 CITY-ST-ZIP	Deerfield Beach, FL 33441	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ian Radford	
4.3 STREET ADDRESS	40 N.E. 2nd Avenue	
4.4 CITY-ST-ZIP	Deerfield Beach, FL 33441	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Raymond H. Castenholz	
5.3 STREET ADDRESS	40 N.E. 2nd Avenue	
5.4 CITY-ST-ZIP	Deerfield Beach, FL 33441	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	George R. Luck	
6.3 STREET ADDRESS	40 N.E. 2nd Avenue	
6.4 CITY-ST-ZIP	Deerfield Beach, FL 33441	

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.

SIGNATURE: Lawrence R. Libsch

CR2E034 (5/99)

# P98000022167  
614600

**ATTACHMENT TO 1999 ANNUAL REPORT  
OF  
BOCA RATON ANESTHESIA GROUP, P.A.**

**13. Additions to Officers and Directors in no. 12**

Title: D ☒ Addition  
Name: Alfredo Ramos  
Street Address: 40 N.E. 2nd Avenue  
City, St., Zip: Deerfield Beach, FL 33441

Title: D ☒ Addition  
Name: Ronald S. Weisberg  
Street Address: 40 N.E. 2nd Avenue  
City, St., Zip: Deerfield Beach, FL 33441

Title: D ☒ Addition  
Name: Fernando T. Garcia-Dorta  
Street Address: 40 N.E. 2nd Avenue  
City, St., Zip: Deerfield Beach, FL 33441

Title: D ☒ Addition  
Name: David Fogel  
Street Address: 40 N.E. 2nd Avenue  
City, St., Zip: Deerfield Beach, FL 33441