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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90044 047 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000055566

1. Corporation Name  
NEW RIVER ANESTHESIA, P.A.

Principal Place of Business  
412 N.E. 4TH ST.  
FT. LAUDERDALE FL 33301

Mailing Address  
412 N.E. 4TH ST.  
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/19/1998

4. FEI Number  
65-0846323

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75: Additional Fee Required

6. Election Campaign Financing ☐ \$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 1312 GUAVA ISLE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1312 GUAVA ISLE  
Suite, Apt. #, etc.

22 City & State  
23 FT LAUDERDALE FL  
24 33315 25 Country

27 City & State  
28 FT LAUDERDALE FL  
29 33315 30 Country

9. Name and Address of Current Registered Agent

STEVENS, GAIL E ESQ.  
412 N.E. 4TH ST.  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 *Harry T Grossman D.O.* (NOTE: Registered Agent signature required when reinstating) DATE 1/14/99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GROSSMAN, HARRY T D.O.  
STREET ADDRESS 1312 GUAVA ISLE  
CITY-ST-ZIP FT. LAUDERDALE FL 33315

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, D  
1.2 NAME GROSSMAN HARRY T D.O.  
1.3 STREET ADDRESS 1312 GUAVA ISLE  
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33315

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

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; 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: *Harry T Grossman D.O.* DATE 1/14/99 954-163-5568

CR2E034 (1/1/98)