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FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S01162 (4)

1. Corporation Name

GULFSTREAM ANESTHESIA SERVICES, P.A.

Principal Place of Business

1930 N.E. 47TH STREET
SUITE 308
FT. LAUDERDALE FL 33308

Mailing Address

1930 N.E. 47TH STREET
SUITE 308
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1990

4. FEI Number

65-0225954

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BASTA, JAMES, M.D.
1930 N.E. 47TH STREET
SUITE 308
FT. LAUDERDALE FL 33308

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

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	<input type="checkbox"/> DELETE
NAME	Perez, Elisio, M.D.	
STREET ADDRESS	1930 NE 47TH ST. STE 308	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BASTA, JAMES W., M.D.	
STREET ADDRESS	1930 NE 47TH ST. STE 308	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Fiorello, Anthony W., MD	
STREET ADDRESS	1930 NE 47TH ST. STE 308	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRER, EDWARD B., M.D.	
STREET ADDRESS	1930 NE 47TH ST. STE 308	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ESACK, RICHARD, D.O.	
STREET ADDRESS	1930 NE 47TH ST. STE 308	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SZEINFELD, MARCOS, M.D.	
STREET ADDRESS	1930 NE 47TH ST. STE 308	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: X *[Signature]* REQUIRED

1/9/98

954-493-5205

CR2E034 (10/97)