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FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S62193 (5)

1. Corporation Name

BAYFRONT ANESTHESIA SERVICES, P.A.

Principal Place of Business

3637 4TH ST. NORTH
SUITE 400
ST PETERSBURG FL 33704
US

Mailing Address

3637 4TH ST. NORTH
SUITE 400
ST PETERSBURG FL 33704
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1991

4. FEI Number

59-3072468

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fees 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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARDER, JEFFREY
3637 4TH STREET NORTH #400
ST PETERSBURG FL 33704

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 ☐ DELETE

NAME D
STREET ADDRESS ALMENGUAL, ALAN
CITY-ST-ZIP 740 10TH AVENUE NE 968 Monterey Point N.E
ST PETERSBURG FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS MARDER, JEFFREY
CITY-ST-ZIP 300 8TH AVE NE 998 Lake Placido Ct. NE
ST PETERSBURG FL 33703

TITLE ☐ DELETE

NAME D
STREET ADDRESS SABADISH, JOSEPH
CITY-ST-ZIP 1969 72ND AVE NE
ST PETERSBURG FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS SHAH, KOKILA
CITY-ST-ZIP 7469 18TH ST NE
ST PETERSBURG FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS SCHAFER, ROBIN
CITY-ST-ZIP 2052 CAROLINA AVE NE
ST PETERSBURG FL

TITLE ☐ DELETE

NAME P
STREET ADDRESS LUDNER, CONFIDENT
CITY-ST-ZIP 1416 - 72ND AVE., N.E.
ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D
1.3 STREET ADDRESS BILL EVANS
1.4 CITY-ST-ZIP 390 4th Av North
Tierra Verde FL 33715

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D
2.3 STREET ADDRESS TORTORICE, BERNARD
2.4 CITY-ST-ZIP 127 Bay Point Drive NE
St. Petersburg FL 33704

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 500002448795
-03/06/98--01006--021
***163.75

6.1 TITLE ☐ Change ☐ 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:

[Signature]

2-26-98

CR2E034 (10/97)