FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S64127** **(1)**

1. Corporation Name

UNICOM ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
P.O. BOX 291259 TAMPA FL 33687-1259	P.O. BOX 291259 TAMPA FL 33687-1259

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1991

3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21: 3100 E. Fletcher Ave.
22 Suite, Apt. #, etc:
23 City & State: Tampa FL
24 Zip: 33613 25 Country: Hillsboro

2a. Mailing Address
26: 3704 Swann Avenue
27 Suite, Apt. #, etc:
28 City & State: Tampa FL
29 Zip: 33609 30 Country:

4. FEI Number: 59-3075703 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROGERS, WILLIAM P., M.D.
8600 HIDDEN RIVER PARKWAY, SUITE #900
TAMPA FL 33637

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: R. GIANETTI M.D. PRES. UNICOM DATE: 3.30.95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	V D	☒ Change ☐ Addition
NAME	GREENBERGER, ROBERT A MD	12 NAME		
STREET ADDRESS	8600 HIDDEN RIV PKW #900	13 STREET ADDRESS	3704 Swann Ave	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	Tampa, FL 33609	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	LONG, FRANK,A., M.D.	22 NAME		
STREET ADDRESS	8600 HIDDEN RIV PKW #900	23 STREET ADDRESS	3704 Swann Ave	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	Tampa, FL 33609	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	ROGERS, WILLIAM P., M.D.	32 NAME		
STREET ADDRESS	8600 HIDDEN RIV PKW #900	33 STREET ADDRESS	3704 Swann Avenue	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	Tampa, FL 33609	
TITLE	VD	41 TITLE		☒ Change ☐ Addition
NAME	BECKENSTEIN, CHARLES RMD	42 NAME		
STREET ADDRESS	8600 HIDDEN RIV PKW #900	43 STREET ADDRESS	3704 Swann Avenue	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	Tampa, FL 33609	
TITLE	STD	51 TITLE	PD	☒ Change ☐ Addition
NAME	GIANETTI, RICHARD M.D..	52 NAME		
STREET ADDRESS	8600 HIDDEN RIV PKW #900	53 STREET ADDRESS	3704 Swann Avenue	
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	Tampa, FL 33609	
TITLE	D	61 TITLE	STD	☒ Change ☐ Addition
NAME	REW, JOHN B	62 NAME	Richard B. Silver	
STREET ADDRESS	8600 HIDDEN RIV PKW #900	63 STREET ADDRESS	3704 Swann Avenue	
CITY ST ZIP	TAMPA FL	64 CITY ST ZIP	Tampa FL 33609	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: RICHARD GIANETTI M.D. 3-30-95 813 870 0401
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT UNICOM Daytime Phone Number

0444878 FP