

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S64127 (1)

1. Corporation Name

UNICOM ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business

3100 E. FLETCHER AVE.
TAMPA FL 33613
US

Mailing Address

3704 SWAN AVE.
TAMPA FL 33609
US



| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | Country | 30 | Country |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 07/03/1991 | 3a. Date of Last Report 04/07/1995 |
| 4. FEI Number 59-3075703 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Haney, R. Reid
82 Street Address (P.O. Box Number is Not Acceptable)
101 E. Kennedy Blvd
83 Suite 4100
84 City Tampa FL 85 Zip Code 33602

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 of individual of registered agent, and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GREENBERGER, ROBERT A MD | |
| STREET ADDRESS | 3704 SWANN AVE. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LONG, FRANK A., M.D. | |
| STREET ADDRESS | 3704 SWANN AVE. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ROGERS, WILLIAM P., M.D. | |
| STREET ADDRESS | 3704 SWANN AVE. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BECKENSTEIN, CHARLES RMD | |
| STREET ADDRESS | 3704 SWANN AVE. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | GIANETTI, RICHARD M.D. | |
| STREET ADDRESS | 3704 SWANN AVE. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | SILVER, RICHARD B | |
| STREET ADDRESS | 3704 SWANN AVE. | |
| CITY-ST-ZIP | TAMPA FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------|--|
| 1.1 TITLE | D | <input checked="" 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 | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Weissman Steven L | |
| 3.3 STREET ADDRESS | 3704 Swann Ave | |
| 3.4 CITY-ST-ZIP | Tampa, FL | |
| 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 | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)