

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Scandria B. Merbian
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S64996**

5-1-96 B-5153 - MC (9)

1. Corporation Name

NORTHWEST ANESTHESIOLOGIST GROUP, P.A.



Principal Place of Business

**7301 W CYPRESS HEAD DRIVE
PARKLAND FL 33067**

Mailing Address

**7301 W CYPRESS HEAD DRIVE
PARKLAND FL 33067**

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	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**MOTTA, AL
7301 W. CYPRESS HEAD DRIVE
PARKLAND FL 33067**

3. Date Incorporated or Qualified
07/02/1991

3a. Date of Last Report
12/07/1995

4. FEIN Number
65-0268806

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. 190.032,
Florida Statutes Yes No

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 607.0507 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	11	12	13	14
	D			<input type="checkbox"/> DELETE			
TITLE	MOTTA, AL	7301 W CYPRESS HEAD DR	PARKLAND FL 33067				
NAME							
STREET ADDRESS							
CITY-STATE-ZIP							
TITLE	D			<input type="checkbox"/> DELETE			
NAME	MUENTE, VICTOR E	6810 YELLOWSTONE LANE	PARKLAND FL 33067				
STREET ADDRESS							
CITY-STATE-ZIP							
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
CITY-STATE-ZIP							
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
CITY-STATE-ZIP							
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
CITY-STATE-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)(g), 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 of changes to or an appointment with an address.

SIGNATURE:

Alberto Motta **ALBERTO MOTTA**

2/10/96

305 9784150

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)