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FILED

May 13 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 # S80322 (8)
1. Corporation Name
FLORIDA WEST CENTRAL ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

6105 MEMORIAL HWY
M
TAMPA FL 33615
US

P.O. BOX 24865
TAMPA FL 33623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1991

4. FEI Number

59-3090926

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUDOLPH, ALAN T.
6105 MEMORIAL HWY
SUITE M
TAMPA FL 33615

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MD ☐ DELETE

NAME TOSCANO, RAMON C., DR.
STREET ADDRESS 6105 MEMORIAL HWY # M
CITY-ST-ZIP TAMPA FL 33615

1.1 TITLE ☐ Change ☐ Addition

TITLE MD ☐ DELETE

NAME RUDOLPH, ALAN T., DR.
STREET ADDRESS 6105 MEMORIAL HWY # M
CITY-ST-ZIP TAMPA FL 33615

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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 *Alan T. Rudolph MD*

AKOAS 812-885-6011

CR2E034 (10/97)