

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29107 (2)

1. Corporation Name

GULF ANESTHESIA, P.A.

Principal Place of Business

13681 DOCTOR'S WAY
GULF COAST HOSPITAL
FORT MYERS FL 33912

Mailing Address

13681 DOCTOR'S WAY
GULF COAST HOSPITAL
FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/10/1992
3a. Date of Last Report 04/28/1994

4. FEI Number 65-0325713
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAYLE, LOVELL
13681 DOCTOR'S WAY
GULF COAST HOSPITAL
FORT MYERS FL 33912

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 #214

84 City Ft. Myers FL

85 Zip Code 33912

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 obligation of, Section 607.0503, Florida Statutes.

SIGNATURE

Lovell Mayle Lovell Mayle, MD 3/1/95

(Signature, typed or printed name of registered agent and the corporation)

(Not for Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MAYLE, LOVELL LEONARD
STREET ADDRESS	13681 DOCTOR'S WAY
CITY-ST-ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	6900-29 Daniels Parkway #214
1.4 CITY-ST-ZIP	Ft. Myers, FL 33912
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 of this report, or on an attachment with an address.

SIGNATURE

Lovell Mayle Lovell Mayle, MD 3/1/95

(Signature and typed or printed name of signing officer or director)

Date

Typed Name