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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:53

DOCUMENT # **V46869** **(6)**

1. Corporation Name
CENTRAL FLORIDA ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
8600 HIDDEN RIVER PKWY. SUITE 900 TAMPA FL 33637	8600 HIDDEN RIVER PKWY. SUITE 900 TAMPA FL 33637

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 07/08/1994

2. Principal Place of Business	2a. Mailing Address
21 429 N Palmetto Street	26 429 N Palmetto Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Leesburg FL	28 City & State: Leesburg FL
24 Zip: 34748	29 Zip: 34748
25 Country: Lake	30 Country: Lake

4. FEI Number: 59-3129595 ☐ 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	10. Name and Address of New Registered Agent
BAVETTA, LUDWIG 8600 HIDDEN RIVER PARKWAY SUITE 900 TAMPA FL 33637	81 Name: Kenneth M. Kupke, M D 82 Street Address (P.O. Box Number is Not Acceptable): 429 N Palmetto Street 83 84 City: Leesburg FL 85 Zip Code: 34748

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: Kenneth M. Kupke DATE: 3/29/95
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	D	11 TITLE	☒ Change ☐ Addition
NAME	EURIBE, CESAR, M.D.	12 NAME	
STREET ADDRESS	8600 HIDDEN RIVER PKWY	13 STREET ADDRESS	429 N Palmetto Street
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Leesburg FL 34748
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	MALIBIRAN, ROLANDO, M.D.	22 NAME	Director
STREET ADDRESS	8600 HIDDEN RIVER PKWY	23 STREET ADDRESS	429 N Palmetto Street
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Leesburg FL 34748
TITLE	P	31 TITLE	☒ Change ☐ Addition
NAME	KUPKE, KENNETH M., M.D.	32 NAME	
STREET ADDRESS	8600 HIDDEN RIVER PKWY	33 STREET ADDRESS	429 N Palmetto Street
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Leesburg FL 34748
TITLE	P	41 TITLE	☒ Change ☐ Addition
NAME	BAVETTA, LUDWIG, M.D.	42 NAME	Vice-President
STREET ADDRESS	8600 HIDDEN RIVER PKWY	43 STREET ADDRESS	429 N Palmetto Street
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	Leesburg FL 34748
TITLE	S	51 TITLE	☒ Change ☐ Addition
NAME	MOLINA, ALFONSO V M.D.	52 NAME	
STREET ADDRESS	8600 HIDDEN RIVER PKWY	53 STREET ADDRESS	429 N Palmetto Street
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	Leesburg FL 34748
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	Treasurer
STREET ADDRESS		63 STREET ADDRESS	Roberto Sarmiento MD
CITY-ST-ZIP		64 CITY-ST-ZIP	429 N Palmetto Street Leesburg FL 34748

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: Kenneth M. Kupke 3/29/95 (904) 792-9992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0304222 CP