FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

CENTRAL FLORIDA ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business
429 N PALMETTO ST
~~SUITE 900~~
LEESBURG FL 34748
US

Mailing Address
429 N PALMETTO ST
~~SUITE 900~~
LEESBURG FL 34748
US

3. Date Incorporated or Qualified: 06/30/1992

3a. Date of Last Report: 04/05/1995

2. Principal Place of Business
21 429 N. Palmetto St.
Suite, Apt. #, etc.
22
City & State
23 Leesburg FL
Zip
24 34748
25 Country USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

KENNETH M. KUPKE, M D
429 N PALMETTO ST
~~SUITE 900~~
LEESBURG FL 34748

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 607.0502 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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	EURIBE, CESAR, M.D.	
STREET ADDRESS	429 N PALMETTE ST	
CITY, ST, ZIP	LEESBURG FL	
TITLE	V	☒ DELETE
NAME	MALIBIRAN, ROLANDO, M.D.	
STREET ADDRESS	429 N PALMETTO ST	
CITY, ST, ZIP	LEESBURH FL	
TITLE	P	☐ DELETE
NAME	KUPKE, KENNETH M., M.D.	
STREET ADDRESS	429 N PALMETTO ST	
CITY, ST, ZIP	LEESBURG FL	
TITLE	VP	☐ DELETE
NAME	BAVETTA, LUDWIG, M.D.	
STREET ADDRESS	429 N PALMETTO ST	
CITY, ST, ZIP	LEESBURG FL	
TITLE	S	☐ DELETE
NAME	MOLINA, ALFONSO V M.D.	
STREET ADDRESS	429 N PALMETTO ST	
CITY, ST, ZIP	LEESBURG FL	
TITLE	T	☐ DELETE
NAME	ROBERTO, SARMIENTO M	
STREET ADDRESS	429 N PALMETTO ST	
CITY, ST, ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	Vice President	☒ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY, ST, ZIP		
2 TITLE	Delete	☒ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY, ST, ZIP		
3 TITLE	Secretary	☒ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY, ST, ZIP		
4 TITLE	President	☒ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY, ST, ZIP		
5 TITLE	Director	☒ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY, ST, ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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: Ludwig Bavetta, M.D. (352) 787-7869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

CR2E034 (12/95)