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1997

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FLORIDA DEPARTMENT OF STATE

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DIVISION OF CORPORATIONS

DOCUMENT # V46869

(6)

Mailing Address

CENTRAL FLORIDA ANESTHESIA ASSOCIATES, P.A.

Sullic, Apt. #, etc. Sullic, Apt. #, etc.	429 N. PALMI LEESBURG F		429 N. PALMETTO ST. LEESBURG FL 34748-5266			
2. Principal Flace of Business 2a. Mailing Address 5.9-312895 2n. Mol Applied For 20	U\$		US			
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Zip Country 7:p Co	·		28			
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SUFFICE ACROSS OFF. ST-29 THE NAME STRET ACROSS OFF. ST-29 THE NAME STRET ALDONSO, M.D. STRET ALDONSO, M	42	9 N PALMETTO ST		82 Street	Address (P.O. Box Number is Not Acceptate	ole)
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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-ehanged, or on an attachment with an address.	informa Lam an	ation indicated on this annual report or a officer or director of the corneration of	supplemental annual report is to the receiver or trustee empoy	true and accurate and vered to execute this :	i that my signatiire shall have the same leg	al effect as it made under oath: that