

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 29 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 # V46869 (6)
1. Corporation Name
CENTRAL FLORIDA ANESTHESIA ASSOCIATES, P.A.



Principal Place of Business Mailing Address
429 N. PALMETTO ST. 429 N. PALMETTO ST.
LEESBURG FL 34748 LEESBURG FL 34748
US US

DO NOT WRITE IN THIS SPACE

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		30	

3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 59-3129595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Cesar A. Euribe, MD 82 Street Address (P.O. Box Number is Not Acceptable) 83 Delete Suite 900 84 City FL 85 Zip Code	
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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 _____ DATE 1-5-98
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	EURIBE, CESAR, M.D.	1.2 NAME	President
STREET ADDRESS	429 N PALMETTE ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	KUPKE, KENNETH M., M.D.	2.2 NAME	Director
STREET ADDRESS	429 N PALMETTO ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	BAVETTA, LUDWIG, M.D.	3.2 NAME	Vice President
STREET ADDRESS	429 N PALMETTO ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MOLINA, ALFONSO V M.D.	4.2 NAME	
STREET ADDRESS	429 N PALMETTO ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ROBERTO, SARMIENTO M	5.2 NAME	
STREET ADDRESS	429 N PALMETTO ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	700002416721
STREET ADDRESS		6.3 STREET ADDRESS	-01/30/98--01008--012
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***150.00

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 registrar 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.

CR2E034 (10/97)