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

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Feb 24, 1999 8:00 am**
**Secretary of State**
02-24-1999 90107 011 ***150.00

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DOCUMENT # **V46869**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 429 N. PALMETTO ST.<br>LEESBURG FL 34748<br>US | 429 N. PALMETTO ST.<br>LEESBURG FL 34748<br>US |

DO NOT WRITE IN THIS SPACE

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

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

4. FEI Number: 59-3129595 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

EURIBE, CESAR A MD
429 N PALMETTO ST
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 _____ DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>EURIBE, CESAR, M.D.<br>429 N PALMETTE ST<br>LEESBURG FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Vice President | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KUPKE, KENNETH M., M.D.<br>429 N PALMETTO ST<br>LEESBURG FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Treasurer | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BAVETTA, LUDWIG, M.D.<br>429 N PALMETTO ST<br>LEESBURG FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | President | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MOLINA, ALFONSO V M.D.<br>429 N PALMETTO ST<br>LEESBURG FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Director | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ROBERTO, SARMIENTO M<br>429 N PALMETTO ST<br>LEESBURG FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Secretary | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/98)

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 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, with all other like empowered.

**SIGNATURE:** [signature] [illegible] D 1-4-99 352-787-7869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #