

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90191 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V52789

1. Corporation Name

ANESTHESIA CONSULTANTS, P.A.

Principal Place of Business

**3604 UNIVERSITY BLVD. S.
STE. 3
JACKSONVILLE FL 32216
US**

Mailing Address

**P. O. BOX 57100
JACKSONVILLE FL 32241-7100
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1992

4. FEI Number

59-3135486

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

2. Principal Place of Business

21 3101 UNIVERSITY BLVD. S.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 205

Suite, Apt. #, etc.

27 City & State

City & State

23 JACKSONVILLE, FL

City & State

28 Zip

Zip Country

24 32216 25 USA

Zip Country

29 30

9. Name and Address of Current Registered Agent

**TOUSEY, CLAY B., JR.
2600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
ORTA, RAUL R.
3604 UNIVERSITY BLVD S STE 6
JACKSONVILLE FL**

TITLE ☐ DELETE

**VD
VINCENTY, CLAUDIO
3604 UNIVERSITY BLVD S STE 6
JACKSONVILLE FL**

TITLE ☐ DELETE

**TD
MCGOUGH, EDWARD K
3604 UNIVERSITY BLVD S STE 6
JACKSONVILLE FL**

TITLE ☐ DELETE

**SD
MONROE, MARK C
3604 UNIVERSITY BLVD S STE 6
JACKSONVILLE FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**P. O. Box 57100
JACKSONVILLE, FL 32241-7100**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**P. O. Box 57100
JACKSONVILLE, FL 32241-7100**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**P. O. Box 57100
JACKSONVILLE, FL 32241-7100**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**P. O. Box 57100
JACKSONVILLE, FL 32241-7100**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)