

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -3 PM 5:53**

**DOCUMENT # 600144 (0)**

1. Corporation Name  
**ANESTHESIA PROFESSIONAL ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**5300 NW 33RD AVE SUITE 204  
FORT LAUDERDALE FL 33309  
US**                                      **5300 NW 33RD AVE  
SUITE 204  
FT LAUDERDALE FL 33309  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/10/1962**                                      **03/16/1994**

4. FEI Number      Applied For  
**59-0970832**                                      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution      Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

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

9. Name and Address of Current Registered Agent

**LAVENDER, JOEL R.  
507 SE 11TH CT  
FT. LAUDERDALE FL 33316**

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 reappointing)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOLAN, GERARD, N.P., MD</b>	1.2 NAME	
STREET ADDRESS	<b>5300 NW 33 AVE 204</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FENWICK, MARTIN J., MD</b>	2.2 NAME	
STREET ADDRESS	<b>5300 NW 33 AVE 204</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRAKASH, RAGAVENDRA</b>	3.2 NAME	
STREET ADDRESS	<b>5300 NW 33 AVE 204</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUADRA, GUSTAVO MD</b>	4.2 NAME	
STREET ADDRESS	<b>5300 NW 33RD AVE #204</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gerard N. Nolan*      Gerard NP Nolan MD      3/24/95      305 485-5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Section 119.07)