

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **600144** (0)

1. Corporation Name

ANESTHESIA PROFESSIONAL ASSOCIATION, INC.



Principal Place of Business

5300 NW 33RD AVE SUITE 204
FORT LAUDERDALE FL 33309
US

Mailing Address

5300 NW 33RD AVE
SUITE 204
FT LAUDERDALE FL 33309
US

3. Date Incorporated or Qualified **07/10/1962** 3a. Date of Last Report **04/03/1995**

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

4	FBI Number	Applied For
	59-0970932	Not Applicable
5	Certificate of Status Desired	<input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	Judah Ever, CPA
82	Street Address (P.O. Box Number is Not Acceptable)	Ever + Co CPAs
83	City	One Financial Plaza suite 2100
84	City	FT. Lauderdale
85	Zip Code	FL 33304

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 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, printed name of officer, director, trustee, receiver, or assignee

(NOTE: Registered Agent Signature is required when registering)

DATE

JUDAH EVER CPA

4-2-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, GERARD, N.P., MD	1.2 NAME	
STREET ADDRESS	5300 NW 33 AVE 204	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENWICK, MARTIN J., MD	2.2 NAME	
STREET ADDRESS	5300 NW 33 AVE 204	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRAKASH, RAGAVENDRA	3.2 NAME	
STREET ADDRESS	5300 NW 33 AVE 204	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUADRA, GUSTAVO MD	4.2 NAME	
STREET ADDRESS	5300 NW 33RD AVE #204	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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	

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***417.50

SIGNATURE: *X Gerard Nolan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

DATE

954-485-5666

OFFICE PHONE #

CR2E034 (12/95)

4/19/96