

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$530 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 28 PM 2: 56

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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/10/1962	3a. Date of Last Report 04/19/1996
4. FEI Number 59-0970932	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LAVENDER, JUDAH
 ONE FINANCIAL PLAZA SUITE 2100
 FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

81 Name Joel Lavender
82 Street Address (P.O. Box Number is Not Acceptable) 507 SE 11 Court
83 FT. Lauderdale FL
84 City
85 Zip Code FL 33316

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]* DATE **7/4/97**

12. OFFICERS AND DIRECTORS

TITLE	SD <input type="checkbox"/> DELETE
NAME	NOLAN, GERARD, N.P., MD
STREET ADDRESS	5300 NW 33 AVE 204
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	FENWICK, MARTIN J., MD
STREET ADDRESS	5300 NW 33 AVE 204
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	PRAKASH, RAGAVENDRA
STREET ADDRESS	5300 NW 33 AVE 204
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	CUADRA, GUSTAVO MD
STREET ADDRESS	5300 NW 33RD AVE #204
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. *New dir* ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Raghavendra Prakash, MD
1.3 STREET ADDRESS	5300 NW 33 AVE # 204
1.4 CITY-ST-ZIP	FT Lauderdale FL 33309
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James Kesniak, MD
2.3 STREET ADDRESS	5300 NW 33 Ave # 204
2.4 CITY-ST-ZIP	FT Lauderdale FL 33309
3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gustavo Cuadra, MD
3.3 STREET ADDRESS	5300 NW 33 ave # 204
3.4 CITY-ST-ZIP	FT. Lauderdale FL 33309
4.1 TITLE	Sd <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gerard NP Nolan, MD
4.3 STREET ADDRESS	5300 NW 33 Ave # 204
4.4 CITY-ST-ZIP	FT Lauderdale FL 33309
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	000002252930--9
5.4 CITY-ST-ZIP	-07/30/97--01095--020
6.1 TITLE	****347.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)

dec (aus)