

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
---	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/10/1962	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, JOEL
507 SE 11 COURT
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
Michael McHerney

82 Street Address (P.O. Box Number is Not Acceptable)
Brinkley, McHerney, Morgan Solomon

83 **200 East Las Olas, Suite 1800**

84 City **FT. Lauderdale** FL 85 Zip Code **33301**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 **5/26/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, GERARD, N.P., MD	1.2 NAME	Brett Innucci Ilo
STREET ADDRESS	5300 NW 33 AVE 204	1.3 STREET ADDRESS	5300 NW 33 AVE suite 204
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	FT Lauderdale FL 33309
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESNIAK, JAMES MD	2.2 NAME	Zachary Menegakis
STREET ADDRESS	5300 NW 33 AVE 204	2.3 STREET ADDRESS	5300 NW 33 Ave suite 204
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	FT Lauderdale FL 33309
TITLE	PD <input type="checkbox"/> DELETE	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 33309	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	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 33309	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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

SIGNATURE *[Signature]* DATE **6/11/98 954-485-5666**

CR2E034 (10/97)