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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999

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

DOCUMENT # **600144**

1. Corporation Name
ANESTHESIA PROFESSIONAL ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

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

4. FEI Number
59-0970932

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 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent
**MCNERNEY, MICHAEL
 BRINKLEY, MCNERNEY, MORGAN, SOLOMON
 200 E LAS OLAS, STE 1800
 FT. LAUDERDALE FL 33301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	IANNUCCILLO, BRETT	
STREET ADDRESS	5300 NW 33 AVE 204	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LESNIAK, JAMES MD	
STREET ADDRESS	5300 NW 33 AVE 204	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PRAKASH, RAGAVENDRA	
STREET ADDRESS	5300 NW 33 AVE 204	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MENEGAKIS, ZACHARY	
STREET ADDRESS	5300 NW 33RD AVE STE 204	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES LESNIAK MD, DIRECTOR	
1.3 STREET ADDRESS	5300 N.W. 33 AVE, 204	
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GERARD N.P. NOLAN M.D.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RAMON GARCIA M.D.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALFREDO FERRARI	
4.3 STREET ADDRESS	5300 N.W. 33 AVE, 204	
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARTIN FENWICK, MD	
5.3 STREET ADDRESS	5300 N.W. 33 AVE, 204	
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ramon Garcia* PRESIDENT 1/12/99 Date Daytime Phone #

CR2E034 (11/98)