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**Mar 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F02832 (6)
1. Corporation Name
ORLANDO ANESTHESIA CONSULTANTS, P.A.



Principal Place of Business: **1111 LUCERNE TERR. ORLANDO FL 32806 US**
Mailing Address: **1111 LUCERNE TERR. PO Box 948116 ORLANDO FL 32806-1016 Maitland, Fl. 32794-8116 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt #, etc.		26 P. O. Box 948116		10/17/1980	05/01/1996
22 City & State		27 Suite, Apt #, etc.		4. FEI Number	Applied For
23 Zip		28 Maitland, Fl.		74-2074766	Not Applicable
24 Country		29 32794-8116		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30 US		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				6. 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				10. Name and Address of New Registered Agent			
LAFFERTY, JOHN J M.D. 1111 LUCERNE TERR. ORLANDO FL 32806				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFFERTY, JOHN J M.D.	1.2 NAME	
STREET ADDRESS	1111 LUCERNE TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMPLING, L. JACK M.D.	2.2 NAME	
STREET ADDRESS	1111 LUCERNE TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGSWELL, NEALE A M.D.	3.2 NAME	
STREET ADDRESS	1111 LUCERNE TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, WILLIAM S M.D.	4.2 NAME	
STREET ADDRESS	1111 LUCERNE TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, DAVID M M.D.	5.2 NAME	
STREET ADDRESS	1111 LUCERNE TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	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 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.

SIGNATURE: _____ DATE: 30 JAN 97

CR2E034 (9/96)