

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

FILED

**Apr 17 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F02832 (6)
 1. Corporation Name
ORLANDO ANESTHESIA CONSULTANTS, P.A.



Principal Place of Business 1111 LUCERNE TERR. ORLANDO FL 32808 US	Mailing Address PO BOX 948116 MAITLAND FL 32794-8116 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc. 291 Southhall Ln	Suite, Apt. #, etc.
City & State Maitland, FL	City & State
Zip 32751	Country

3. Date Incorporated or Qualified 10/17/1980	
4. FEI Number 74-2074766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

LAFFERTY, JOHN J M.D.
1111 LUCERNE TERR.
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 291 Southhall Ln.	
83 City Maitland	
84 City Maitland	85 Zip Code FL 32751

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 PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAFFERTY, JOHN J M.D.		1.2 NAME Lafferty, John J. MD	
STREET ADDRESS 1111 LUCERNE TERR.		1.3 STREET ADDRESS 291 Southhall Ln	
CITY-ST-ZIP ORLANDO FL 32808		1.4 CITY-ST-ZIP Maitland, FL 32751	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEMPLING, L. JACK M.D.		2.2 NAME Hempling, L. Jack MD	
STREET ADDRESS 1111 LUCERNE TERR.		2.3 STREET ADDRESS 291 Southhall Ln	
CITY-ST-ZIP ORLANDO FL 32808		2.4 CITY-ST-ZIP Maitland, FL 32751	
TITLE VPD	<input type="checkbox"/> DELETE	3.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COGSWELL, NEALE A M.D.		3.2 NAME Cogswell, Neale A. MD	
STREET ADDRESS 1111 LUCERNE TERR.		3.3 STREET ADDRESS 291 Southhall Ln	
CITY-ST-ZIP ORLANDO FL 32808		3.4 CITY-ST-ZIP Maitland, FL 32751	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRADFORD, WILLIAM S M.D.		4.2 NAME Steven Weiss, MD	
STREET ADDRESS 1111 LUCERNE TERR.		4.3 STREET ADDRESS 291 Southhall Ln.	
CITY-ST-ZIP ORLANDO FL 32808		4.4 CITY-ST-ZIP Maitland, FL 32751	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSEN, DAVID M M.D.		5.2 NAME James Teryl, MD	
STREET ADDRESS 1111 LUCERNE TERR.		5.3 STREET ADDRESS 291 Southhall Ln.	
CITY-ST-ZIP ORLANDO FL 32808		5.4 CITY-ST-ZIP Maitland, FL 32751	
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.

CR2E034 (10/97)