

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$780).

0014653

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 OCT -5 PM 1:17

DOCUMENT # F02832  
 1. Corporation Name  
**ORLANDO ANESTHESIA CONSULTANTS, P.A.**



**REINSTATEMENT 99**  
 DO NOT WRITE IN THIS SPACE

Principal Place of Business: 291 SOUTH HALL LANE, MAITLAND FL 32751, US  
 Mailing Address: PO BOX 948116, MAITLAND FL 32794-8116, US

3. Date incorporated or Qualified: 10/17/1990

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country  
 2a. Mailing Address: 26 291 Southhall Lane 27 Suite, Apt #, etc. 28 Maitland, FL 29 Zip 30 US

4. FEI Number: 74-2074766 Applied For: Not Applicable  
 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: Yes No

9. Name and Address of Current Registered Agent  
**LAFFERTY, JOHN J M.D.**  
 291 SOUTH HALL LANE  
 MAITLAND FL 32751

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: *John J. Lafferty* **John J. Lafferty President** 10/01/1999  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAFFERTY, JOHN J MD	
STREET ADDRESS	291 SOUTH HALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HEMPLING, L JACK MD	
STREET ADDRESS	291 SOUTH HALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COGSWELL, NEALE A MD	
STREET ADDRESS	291 SOUTH HALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISS, MD STEVEN	
STREET ADDRESS	291 SOUTH HALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TERYL, MD JAMES	
STREET ADDRESS	291 SOUTH HALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	300003012783--8
1.4 CITY-ST-ZIP	-10/12/99--01055--008 ****750.00 ****750.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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.

SIGNATURE: *John J. Lafferty* **John J. Lafferty President** 10/01/1999 (407) 6670505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (5/99)