


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F02832 1. Entity Name ORLANDO ANESTHESIA CONSULTANTS, P.A.	
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Principal Place of Business 291 SOUTHHALL LANE MAITLAND, FL 32751 US	Mailing Address 291 SOUTHHALL LANE MAITLAND, FL 32751 US
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04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2074766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAFFERTY, JOHN J M.D.
291 SOUTHHALL LANE
MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000742902
05/15/07-80087-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEMPLING, JACK L MD 291 SOUTHHALL LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAFFERTY, JOHN J MD 291 SOUTHHALL LN MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COGSWELL, NEALE A MD 291 SOUTHHALL LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERYL, MD JAMES 291 SOUTHHALL LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Hempling* Director 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #