

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K07410 (9)**

1. Corporation Name
ANESTHESIA OF INDIAN RIVER, INC.



Principal Place of Business: **699 17TH STREET, SUITE E2 VERO BEACH FL 32960**
Mailing Address: **699 17TH STREET, SUITE E2 VERO BEACH FL 32960**

3. Date Incorporated or Qualified: **12/11/1987** 3a. Date of Last Report: **03/21/1995**
4. FEI Number: **65-0037808** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent: **FEGERT, FORD J. 817 BEACHLAND BLVD VERO BEACH FL 32963**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ (Signature typed or printed name of registered agent for application) (If the Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEGERT, VIRGINIA E., MD	1.2 NAME	
STREET ADDRESS	699 17TH STREET, E2	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEETZE, RUSSELL L. M.D	2.2 NAME	Portell, Donald J., D.O.
STREET ADDRESS	699 17TH STREET, E2	2.3 STREET ADDRESS	699 17th Street, E2
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, MARION L. MD	3.2 NAME	Richardson, Marion L., MD
STREET ADDRESS	699 17TH STREET, E2	3.3 STREET ADDRESS	699 17th Street, E2
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	Vero Beach, FL
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERY, DIANE R M.	4.2 NAME	Biery, Diane R MD
STREET ADDRESS	699 17TH ST. E2	4.3 STREET ADDRESS	699 17th St. E2
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	Vero Beach, FL
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANN, CHRISTOPHER A.	5.2 NAME	Brann, Christopher A.
STREET ADDRESS	699 17TH ST, #E2	5.3 STREET ADDRESS	699 17th Street, #E2
CITY-ST-ZIP	VERO BCH FL	5.4 CITY-ST-ZIP	Vero Beach, FL
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	S/TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, EDWARD H. M.D	6.2 NAME	Katz, Edward H. MD
STREET ADDRESS	699 17TH ST, #E2	6.3 STREET ADDRESS	699 17th St., #E2
CITY-ST-ZIP	VERO BCH FL	6.4 CITY-ST-ZIP	Vero Beach, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Christopher A. Brann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christopher A. Brann, M.D. - President

4/8/96 (407) 778-9621
Date Time Phone #

CR2E034 (12/95)