

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

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**Jul 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32960-6237
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/11/1987	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0037808	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
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

**FEGERT, FORD J.
 817 BEACHLAND BLVD
 VERO BEACH FL 32983**

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 _____ (NOTE: Registered Agent's signature required when registering.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FEGERT, VIRGINIA E., MD	
STREET ADDRESS	699 17TH STREET, E2	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEETZE, RUSSELL L. M.D	
STREET ADDRESS	699 17TH STREET, E2	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, MARION L., MD	
STREET ADDRESS	699 17TH STREET, E2	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIERY, DIANE R. MD	
STREET ADDRESS	699 17TH ST. E2	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRANN, CHRISTOPHER A.	
STREET ADDRESS	699 17TH ST, #E2	
CITY-ST-ZIP	VERO BCH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KATZ, EDWARD H. M.D	
STREET ADDRESS	699 17TH ST, #E2	
CITY-ST-ZIP	VERO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Eileen A. Monuszko, M.D.	
13 STREET ADDRESS	699 17th Street, E2	
14 CITY-ST-ZIP	Vero Beach, FL 32960	
21 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Donald J. Portell, D.O.	
23 STREET ADDRESS	699 17th Street, E2	
24 CITY-ST-ZIP	Vero Beach, FL 32960	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Edward H. Katz, M.D.	
63 STREET ADDRESS	699 17th Street, E2	
64 CITY-ST-ZIP	Vero Beach, FL 32960	

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. I attach an attachment with an address.

CR2E034 (9/96)

(Signature) President 6/2/97 (561) 778-0671