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 # K17537 (7)

1. Corporation Name
THE JOSEPH L. RILEY ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business
341 N. MAITLAND AVE
SUITE 330
MAITLAND FL 32751
US

Mailing Address
P. O. BOX 940924
P.O. BOX 940924
MAITLAND FL 32794-0924
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 02/25/1988
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2905984 ☐ 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

9. Name and Address of Current Registered Agent

THONI, KEVIN P MD
130 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

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 ______ (Signature, typed or printed name of Registered Agent and title if applicable) DATE

12. OFFICERS AND DIRECTORS

Field	Officer	Delete
TITLE	VD	☐ DELETE
NAME	HARTSON, DAVID P	
STREET ADDRESS	114 KOPRIL LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	S	☐ DELETE
NAME	DOBSON, CHRISTOPHER E II	
STREET ADDRESS	565 ESTATE PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	☐ DELETE
NAME	GALLO, JOSEPH A JR.	
STREET ADDRESS	8753 LAKE TIBET COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	SECARIO, THOMAS J	
STREET ADDRESS	2237 PEACH LEAF COURT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PD	☒ DELETE
NAME	GALLO, JOSEPH, MD	
STREET ADDRESS	8753 LAKE TIBET COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	☒ DELETE
NAME	ANGERT, KEVIN M	
STREET ADDRESS	116 OAKWOOD DRIVE	
CITY-ST-ZIP	MIATLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE	D	☒ Change	☐ Addition
1.2 NAME	HARTSON, DAVID P		
1.3 STREET ADDRESS	1114 KOPRIL LANE		
1.4 CITY-ST-ZIP	LONGWOOD, FL		
2.1 TITLE	T	☒ Change	☐ Addition
2.2 NAME	DOBSON, CHRISTOPHER E		
2.3 STREET ADDRESS	565 ESTATES PL		
2.4 CITY-ST-ZIP	LONGWOOD, FL		
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	S	☒ Change	☐ Addition
4.2 NAME	ARCARIO, THOMAS J		
4.3 STREET ADDRESS	2237 PEACHLEAF CT		
4.4 CITY-ST-ZIP	LONGWOOD, FL		
5.1 TITLE	VP	☐ Change	☒ Addition
5.2 NAME	HONSKA, MARK		
5.3 STREET ADDRESS	204 QUAYSIDE CIRCLE		
5.4 CITY-ST-ZIP	MAITLAND, FL		
6.1 TITLE	D	☐ Change	☒ Addition
6.2 NAME	FOLEY, B. GREG		
6.3 STREET ADDRESS	P.O. BOX 547996		
6.4 CITY-ST-ZIP	ORLANDO, 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/31/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)