FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # K17537** 1. Entity Name THE JOSEPH L. RILEY ANESTHESIA ASSOCIATES, P.A. 04-28-2001 90017 018 ***150.00 Principal Place of Business Mailing Address 291 SOUTHHALL LANE 291 SOUTHHALL LANE MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2905984 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 201 EAST PINE STREET **SUITE 1200** ORLANDO FL 32801 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Delete President NAME ANGERT, KEVIN C. M.D. G. Edwin Wilson, MD STREET ADDRESS 291 SOUTHAHLL LANE STREET ADDRESS 291 Southhall Lane CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 Maitland, FL = 32751☐ Defete TITLE ☐ Change TITLE Treasurer NAME HOUSE, JEFFREY T MD NAME David Tao, MD STREET ADDRESS STREET ADDRESS 291 SOUTHALL LANE 291 Southhall Lane CITY-ST-ZIP CITY-ST-ZiP MAITLAND FL 32751 Maitland, FL=32751TITLE Delete TITLE ☐ Change 🔽 Addition Secretary ARCARIO, THOMAS J M.D. NAME NAME D. Brian Jager, MD STREET ADDRESS STREET ADDRESS 291 SOUTHHALL LANE 291 Southhall Lane CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 Maitland, FL 32751 Change TITLE Delete TITLE Director Addition DOBSON, CHRISTOPHER E II.M.D. NAME NAME Eric Kunichika, MD STREET ADDRESS STREET ADDRESS 291 SOUTHHALL LANE 291 Southhall Lane CITY-ST-7IP CITY-ST-7IP MAITLAND FL 32751 Maitland. FL 32751 Addition ☐ Change ☐ Delete TITLE TITLE Director GALLO, JOSEPH A JR., M.D. Jeffrey King, MD NAME NAME STREET ADDRESS 291 SOUTHHALL LANE STREET ADDRESS 291 Southhall Lane CITY-ST-ZIE CITY-ST-ZIP MAITLAND FL 32751 Maitland, FL 32751 TITLE TITLE □ Change ☐ Addition Delete NAME MERRELL, JERRY W MD NAME STREET ADDRESS STREET ADDRESS 291 SOUTHHALL LANE CITY-ST-ZIP MAITLAND FL 32751

13. Thereby 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 (407)767-0444