

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L58127 (6)**

1. Corporation Name
NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.



Principal Place of Business
**2165 HERSCHEL STREET
JACKSONVILLE FL 32204
US**

Mailing Address
**2165 HERSCHEL STREET
JACKSONVILLE FL 32204
US**

3. Date Incorporated or Qualified **03/13/1990** 3a. Date of Last Report **02/06/1995**

4. FEI Number **59-3012384** 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. 190.032, Florida Statutes Yes No

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

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

9. Name and Address of Current Registered Agent
**AKEL, EDWARD C.
2301 INDEPENDENT SQUARE
JACKSONVILLE, FL FL 32202**

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 607.0512 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAPMAN, JAMES G.	
STREET ADDRESS	2165 HERSCHEL STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, PHIL C.	
STREET ADDRESS	2165 HERSCHEL STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROCES, ARMANDO J.	
STREET ADDRESS	2165 HERSCHEL STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRONG, GERALD W.	
STREET ADDRESS	2165 HERSCHEL STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TUNSTILL, STEPHEN D.	
STREET ADDRESS	2165 HERSCHEL STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENE ROGER W.	
STREET ADDRESS	2165 HERSCHEL STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Abc	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Anthony D. Godbold M.D.	
13 STREET ADDRESS	Same	
14 CITY-STATE-ZIP		
21 TITLE	abc	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Paul J. Lihberry M.D.	
23 STREET ADDRESS	Same	
24 CITY-STATE-ZIP		
31 TITLE	KAH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Katherine A. Harding M.D.	
33 STREET ADDRESS	Same.	
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

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 119.071(9)(A), 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 registered or trustee or powers 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 as an attachment with an address.

SIGNATURE: *Stephen L. Tunstall* **Stephen L. Tunstall** 4/21/96 904-387-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
president

CR2E034 (12/95)