

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1990	
21	26	4. FEI Number 59-3012384		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.0502 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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input type="checkbox"/> DELETE		1.1 TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAPMAN, JAMES G.			1.2 NAME	Katherine A. Harding		
STREET ADDRESS	2165 HERSCHEL STREET			1.3 STREET ADDRESS	Same as others		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PERRY, PHIL C.			2.2 NAME	James K. Kerr, III		
STREET ADDRESS	2165 HERSCHEL STREET			2.3 STREET ADDRESS	Same as others		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROCES, ARMANDO J.			3.2 NAME	Paul J. Lineberry		
STREET ADDRESS	2165 HERSCHEL STREET			3.3 STREET ADDRESS	Same as others		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANTHONY O. GODBOLDT, M.D.			4.2 NAME	Lee D. Rosenberg		
STREET ADDRESS	2165 HERSCHEL STREET			4.3 STREET ADDRESS	Same as others		
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		5.1 TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TUNSTILL, STEPHEN D.			5.2 NAME	William T. Smith		
STREET ADDRESS	2165 HERSCHEL STREET			5.3 STREET ADDRESS	Same as others		
CITY-ST-ZIP	JACKSONVILLE FL			5.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENE ROGER W.			6.2 NAME			
STREET ADDRESS	2165 HERSCHEL STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			6.4 CITY-ST-ZIP			

14. I 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, or on an attachment with an address.

SIGNATURE:  **4/13/98**

CR2E034 (10/97)