2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2007 8:00 am Secretary of State DOCUMENT # L58127 04-10-2007 90015 019 ***150.00 1. Entity Name NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A. Principal Place of Business Mailing Address 40055986 2165 HERSCHEL STREET 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 HS JACKSONVILLE, FL 32204 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State 4. FEI Number City & State Applied For 59-3012384 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 AKEL, EDWARD C Street Address (P.O. Box Number is Not Acceptable) 2301 INDEPENDENT SQUARE JACKSONVILLE, F;L, FL 32202 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature inquired when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VPD TITLE ☐ Delete TITLE X Change ☐ Addition KOEHLER, DAVID C NAME NAME Koehler, David C. STREET ADDRESS 2165 HERSCHEL STREET STREET ADDRESS 2165 Herschel Street CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP Jacksonville, FL TITLE Delete TITLE ☐ Change ■ Addition PERRY, PHIL C NAME NAME STREET ADDRESS 2165 HERSCHEL STREET STREET ADDRESS JACKSONVILLE, FL CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHAPMAN, JAMES G NAME 2165 HERSCHEL STREET STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition ROCES, ARMANDO J NAME 2165 HERSCHEL STREET STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GODBOLDT, ANTHONY O NAME NAME STREET ADDRESS 2165 HERSCHEL STREET STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP TITLE VPD ☐ Detete ☐ Addition TITLE ☐ Change NAME SOHA, WALTER M NAME 2165 HERSCHEL STREET STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if

FILED

Donovan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address,

SIGNATURE:

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # L58127 1. Entity Name NORTH FLORIDA ANESTHESIA								
Principal Place of Business	Mailing Address							
2165 HERSCHEL STREET JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204 US				- 1				
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		- 140055	148	\mathcal{Q}			
2. Thirdpart lace of Busiless - No F.O. Box F	5. Mailing Address		7000	100	ス			
Suite, Apt. #, etc. Suite, Apt. #, etc.			01032007 Chg-P	CR2E034	<u> </u>			
City & State City & State			4. FEI Number 59-3012384		_ 	plied For t Applicable		
Zip Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional					
6. Name and Address of Cu	urrant Registered Agent		7. Name and Address of New Registered Agent					
V. Halle and Address of Oc	intent registered Agent	Name	7. Name and Address of New 1	registored Age				
AKEL, EDWARD C. 2301 INDEPENDENT SQUARE JACKSONVILLE, F;L, FL 32202		Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
07.01.00177.222, 1,2,1.2.02202			,					
		City		FL	Zip Code			
8. The above named entity submits this statem	nent for the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of Fl	orida. I am fan	niliar with, a	and accept		
the obligations of registered agent.								
SIGNATURESignature, typed or printed name of registere	id agent and title if applicable. (NOTE:	Registered Agent signature requ	lired when reinstating)	DATE				
				<u> </u>				
FILE NOW!!! FEE IS \$150.0 After May 1, 2007 Fee will be \$	9. Election Campaig		55.00 May Be dded to Fees			ļ		
			ADDITIONS OF TANGER TO OFF	TOTTO AND D	INCTOR	151 44		
TITLE P	S AND DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFF		Change	Addition		
NAME Tunstill, Ste	—	NAME Tu	nstill, Stephen	L.	Money	J. 1923.1011		
TREET ADDRESS 2165 HERSCHEL STREET			65 Herschel Stre cksonville, FL	et 32204				
TITLE VPD	Delete	TITLE P	CKSONVILLE, Th		X Change	Addition		
NAME Donovan, Kevi		NAME DO	novan, Kevin L.		001.90			
STREET ADDRESS 2165 HERSCHEL STREET		***************************************	65 Herschel Stre	et 32204				
CITY-ST-ZIP JACKSONVILLE, FL TITLE VPD		777	cksonville, FL	<u> </u>	- Change	Addition		
NAME Boggs, Ralph	□ Delete B.	NAME St	evenson, Matthew	S.	_ Change	E2 Addition		
STREET ADDRESS 2165 HERSCHEL STREET			65 Herschel Stre					
CITY-ST-ZIP JACKSONVILLE, FL			cksonville, FL	32204	T Change			
NAME Boswell, Bruce	□ Delete : B .	TITLE NAME		L	Change	☐ Addition		
STREET ADDRESS 2165 HERSCHEL STREET		STREET ADDRESS				-		
CITY-ST-ZIP JACKSONVILLE, FL		CITY-ST-ZIP						
NAME Chen, Bai X.	☐ Delete	TITLE NAME		L	Change	☐ Addition		
STREET ADDRESS 2165 HERSCHEL STREET		STREET ADDRESS				ļ		
CITY-ST-ZIP JACKSONVILLE, FL		CITY-ST-ZIP						
NAME CONTRACTOR NAME	☐ Delete	TITLE NAME	•] Change	☐ Addition		
STREET ADDRESS 2165 HERSCHEL STREET	Jr.	STREET ADDRESS						
CITY-ST-ZIP JACKSONVILLE, FL		CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accupate 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 empoweredto execute this ceptured by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.								
) And 282 1/18)								
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Kevin L. Donovan

2007 FOR PROFIT CORPORATION

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	ANNUAL	REPORT				
 Entity Nam 	MENT #L58127 LORIDA ANESTHESIA CO) NSULTANTS, P.A.				
2165 HERSC	Principal Place of Business Mailing Address 2165 HERSCHEL STREET ACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204 U			100000		
Principal Place of Business - No P.O. Box # 3. Mailing Address		<u>_</u>	H0055482			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032007 Chg-P CR2E034 (12/06)		
City & State		City & State		4. FEI Number Applied For 59-3012384 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent		
AKEL, EDWARD C. 2301 INDEPENDENT SQUARE JACKSONVILLE, F;L, FL 32202		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code		
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent.		registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept required when reinstating)		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contr		\$5.00 May Be Added to Fees		
10.	OFFICERS AND	······	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	Flanagan, John C 2165 HERSCHEL STREET JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition :		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Greene, Riger W. 2165 HERSCHEL STREET JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Harding, Katheri 2165 HERSCHEL STREET JACKSONVILLE, FL	ne A.	NAME STREET ADDRESS	S Machange Addition Harding, Katherine A. 2165 Herschel Street Jacksonville, FL 32204		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kerr, James K. I 2165 HERSCHEL STREET JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lee, Edward M. 2165 HERSCHEL STREET JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-SY-ZIP	☐ Change ☐ Addilion		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Moret, Jason A. 2165 HERSCHEL STREET JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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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 10 or Block 11 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

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CITY-ST-ZIP

SIGNATURE: _

JACKSONVILLE, FL

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2007 FOR PROFIT CORPORATION

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Suite, Apt. #, etc. Suite, Apt. #, etc.				01032007	Chg-P	CR2E034 (12/06)		
City & State	8	City & State	City & State		4. FEI Number 59-3012			oplied For ot Applicable
Zip 	Country	Zip	Coun	itry	<u> </u>	of Status Desired	S8.75 Ad	
<u></u>	6. Name and Address of Current	Registered Agent		Name	7. Name and A	Address of New R	egistered Agent	
AKEL EDI	WARD C							
AKEL, EDWARD C. 2301 INDEPENDENT SQUARE JACKSONVILLE, F;L, FL 32202		Street Address (P.O. Box Number	is Not Acceptable	e) 			
				City	FL Zip Code			
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10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS	VPD Williams, Bradl 2165 HERSCHEL STREET	ey G.	TITL				Change	☐ Addition
CITY-ST-ZIP	JACKSONVILLE, FL	•	•	Y-ST-ZIP				
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