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Jan 16 1997 8:00am

Secretary of State



PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M63068 (4)

1. Corporation Name

CHILDREN'S ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business

6125 S W 31ST STREET
MIAMI FL 33155

Mailing Address

6125 S W 31ST STREET
MIAMI FL 33155-3003

3. Date Incorporated or Qualified
11/30/1987

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 3100 sw 62 Avenue

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip 33155

Country

25 Dade

2a. Mailing Address

26 3100 SW 62 Avenue

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

29 Zip 33155

Country

30 Dade

4. FEI Number

65-0017781

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

SUMBERG, JOHN
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33101

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME ELLIS, LAURETTE M M.D.
STREET ADDRESS 7701 S.W. 132ND PLACE
CITY-ST-ZIP MIAMI FL

TITLE P
NAME BAUER, CHIRSTIAN W.
STREET ADDRESS 11120 S. W. 58 COURT
CITY-ST-ZIP MIAMI FL

TITLE T
NAME TIROTTA, CHRISTOPHER F. M
STREET ADDRESS 450 GRAPETREE DRIVE SUITE 311
CITY-ST-ZIP KEY BISCAINE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher F. Tirotta, MD 1-6-97 305-663-8456

Date

Daytime Phone #

0211810

CR2E034 (9/96)