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Apr 22 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 # P95000023747 (5)

1. Corporation Name
SURGICAL ANESTHESIA SERVICES, INC.



Principal Place of Business
52 PHILLIPS AVE.
PONTE VEDRA BEACH FL 32082

Mailing Address
52 PHILLIPS AVE.
PONTE VEDRA BEACH FL 32082-2815

3. Date Incorporated or Qualified 03/23/1995	3a. Date of Last Report 03/08/1996
4. FEI Number 59-3302697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2009 Palmetto Point Drive Suite, Apt #, etc.	2a. Mailing Address 26 2009 Palmetto Point Drive Suite, Apt #, etc.
22	27
23 City & State Ponte Vedra Beach, FL	28 City & State Ponte Vedra, Florida
24 Zip 32082	29 Zip 32082
25 Country St. Johns	30 Country St. Johns

9. Name and Address of Current Registered Agent

SCHREIBER, TERRY
52 PHILLIPS AVE.
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name TERRY SCHREIBER
82 Street Address (P.O. Box Number is Not Acceptable) 2009 Palmetto Point Drive
83 Ponte Vedra Beach
84 City FL
85 Zip Code 32082

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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHREIBER, TERRY		1.2 NAME Schreiber, Terry	
STREET ADDRESS 52 PHILLIPS AVE.		1.3 STREET ADDRESS 2009 Palmetto Pt Dr.	
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082		1.4 CITY-ST-ZIP Ponte Vedra, FL	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 in an attachment with an address.

SIGNATURE: TERRY SCHREIBER 4/16/97 904-273-6864
Date Daytime Phone #

CR2E034 (9/96)