FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S53890** **(7)**

1. Corporation Name

VANGUARD ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
6001 BROKEN SOUND PKWY SUITE 504 BOCA RATON FL 33487 US	P O BOX 810967 SUITE 205 BOCA RATON FL 33481-0967 US

	3. Date Incorporated or Qualified **05/21/1991**	3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **65-0268157**	Applied For
21		26			Not Applicable
Suite, Apt #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
KRUGMAN, RICHARD S 6001 BROKEN SOUND PKWY SUITE 504 BOCA RATON FL 33487	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **CEO** ☐ DELETE NAME **KRUGMAN, RICHARD S. M** STREET ADDRESS **6001 BROKEN SOUND PKWY SUITE 504** CITY-ST-ZIP **BOCA RATON FL**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VPS** ☐ DELETE NAME **GIORDANO, TAMARA B** STREET ADDRESS **6001 BROKEN SOUND PKWY SUITE 504** CITY-ST-ZIP **BOCA RATON FL**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: _Tamara B. Giordano_　TAMARA B. GIORDANO　4/7/97　(561)241-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　Date　Daytime Phone #

0344391