


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

**FILED**  
**Apr 07 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # S53890 (7)**

1. Corporation Name  
**VANGUARD ANESTHESIA ASSOCIATES, P.A.**



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

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 2500 N. Military Trail<br>Suite, Apt. #, etc.<br>22 Ste. 475<br>City & State<br>23 Boca Raton FL<br>Zip<br>24 33431<br>County<br>25 Palm Beach | 2a. Mailing Address<br>26 P.O. Box 810967<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 Boca Raton, FL<br>Zip<br>29 33481-0967<br>Country<br>30 Palm Beach |
|---|---|

|   |                                |  |
|---|--------------------------------|--|
| 3. Date Incorporated or Qualified<br>05/21/1991   | 4. FEI Number<br>65-0268157    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 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

KRUGMAN, RICHARD S  
 6001 BROKEN SOUND PKWY  
 SUITE 504  
 BOCA RATON FL 33487

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name<br>Krugman Richard S. M. D.   |
| 82 Street Address (P.O. Box Numbers Not Acceptable)<br>2500 N. Military Trail |
| 83 Suite 475  |
| 84 City<br>Boca Raton   |
| 85 Zip Code<br>FL 33431   |

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 *Richard S. Krugman* DATE 3-30-98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                         |                               | DELETED                  |
|--|-------------------------------|--------------------------|
| TITLE<br>CEO                                       | NAME<br>KRUGMAN, RICHARD S. M | <input type="checkbox"/> |
| STREET ADDRESS<br>6001 BROKEN SOUND PKWY SUITE 504 | CITY-ST-ZIP<br>BOCA RATON FL  |                          |
| TITLE<br>VPS                                       | NAME<br>GIORDANO, TAMARA B    | <input type="checkbox"/> |
| STREET ADDRESS<br>6001 BROKEN SOUND PKWY SUITE 504 | CITY-ST-ZIP<br>BOCA RATON FL  |                          |
| TITLE  | NAME                          | <input type="checkbox"/> |
| STREET ADDRESS                                     | CITY-ST-ZIP                   |                          |
| TITLE  | NAME                          | <input type="checkbox"/> |
| STREET ADDRESS                                     | CITY-ST-ZIP                   |                          |
| TITLE  | NAME                          | <input type="checkbox"/> |
| STREET ADDRESS                                     | CITY-ST-ZIP                   |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |   | Change                              | Addition                 |
|--|---|-------------------------------------|--------------------------|
| 1.1 TITLE<br>Same                                      | 1.2 NAME<br>Same                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.3 STREET ADDRESS<br>2500 N. Military Trail, Ste. 475 | 1.4 CITY-ST-ZIP<br>Boca Raton, FL 33431 |                                     |                          |
| 2.1 TITLE<br>Same                                      | 2.2 NAME<br>Same                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.3 STREET ADDRESS<br>2500 N. Military Trail, Ste. 475 | 2.4 CITY-ST-ZIP<br>Boca Raton, FL 33431 |                                     |                          |
| 3.1 TITLE  | 3.2 NAME                                | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.3 STREET ADDRESS                                     | 3.4 CITY-ST-ZIP                         |                                     |                          |
| 4.1 TITLE  | 4.2 NAME                                | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.3 STREET ADDRESS                                     | 4.4 CITY-ST-ZIP                         |                                     |                          |
| 5.1 TITLE  | 5.2 NAME                                | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.3 STREET ADDRESS                                     | 5.4 CITY-ST-ZIP                         |                                     |                          |
| 6.1 TITLE  | 6.2 NAME                                | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.3 STREET ADDRESS                                     | 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: *Tamara B. Giordano* DATE: 3/30/98 ID: 561-741-5050

CR2E034 (10/97)