

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 28 PM 2:56

DOCUMENT # 600144 (0)
1. Corporation Name
ANESTHESIA PROFESSIONAL ASSOCIATION, INC.



Principal Place of Business
5300 NW 33RD AVE SUITE 204
FORT LAUDERDALE FL 33309
US

Mailing Address
5300 NW 33RD AVE
SUITE 204
FT LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	07/10/1962	04/19/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-0970932	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	<input type="checkbox"/>
Country	Country	7. This corporation owes or has paid the current year Intangible	
25	30	Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

LAVENDER, JUDAH
ONE FINANCIAL PLAZA SUITE 2100
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name Joel Lavender
82 Street Address (P.O. Box Number is Not Acceptable)
507 SE 11 Court
83 Ft. Lauderdale FL
84 City
85 Zip Code FL 33316

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]* DATE 7/4/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. New dir ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	PD
NAME	NOLAN, GERARD, N.P., MD	1.2 NAME	Raghavendra Prakash, MD
STREET ADDRESS	5300 NW 33 AVE 204	1.3 STREET ADDRESS	5300 NW 33 AVE #204
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft Lauderdale FL 33309
TITLE	PD	2.1 TITLE	VO
NAME	FENWICK, MARTIN J., MD	2.2 NAME	James kesniak, MD
STREET ADDRESS	5300 NW 33 AVE 204	2.3 STREET ADDRESS	5300 NW 33 Ave #204
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft Lauderdale FL 33309
TITLE	VO	3.1 TITLE	SD
NAME	PRAKASH, RAGAVENDRA	3.2 NAME	Gustavo Cuadra, MD
STREET ADDRESS	5300 NW 33 AVE 204	3.3 STREET ADDRESS	5300 NW 33 ave #204
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale FL 33309
TITLE	TD	4.1 TITLE	SD
NAME	CUADRA, GUSTAVO MD	4.2 NAME	Gerard NP nolan, MD
STREET ADDRESS	5300 NW 33RD AVE #204	4.3 STREET ADDRESS	5300 NW 33 Ave #204
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft Lauderdale FL 33309
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 on an attachment with an address.

CR2E034 (4/97)