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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P97000071565 (0)**

1. Corporation Name
INDEPENDENT ANESTHESIA PROVIDERS, INC.

Principal Place of Business	Mailing Address
4215 SOUTHPOINT BLVD., STE. 100 JACKSONVILLE FL 32216	4215 SOUTHPOINT BLVD., STE. 100 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1997

2. Principal Place of Business	2a. Mailing Address
21 129 SEA ISLAND DR.	26 129 SEA ISLAND DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PONTE VEDRA BCH, FL	City & State 28 PONTE VEDRA BCH, FL
Zip 24 32082 Country 25	Zip 29 32082 Country 30

4. FEI Number: 59-3463960 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: KORN, MICHAEL J.
82 Street Address (P.O. Box Number is Not Acceptable): SUITE 200, SOUTHPOINT BLDG
83: 6620 SOUTHPOINT DR., SOUTH
84 City: JACKSONVILLE FL 85 Zip Code: 32216

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: _____ MICHAEL J. KORN 3/12/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, DENICE S 129 SEA ISLAND DR. PONTE VEDRA BEACH FL 32082	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, ALAN H 129 SEA ISLAND DR. PONTE VEDRA BEACH FL 32082	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VST	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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: _____ ALAN ANDERSON VICE PRES. 3/18/98