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Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 07/10/1962	4. FEI Number 59-0970932 Applied For Not Applicable
24		25		29	
23		28		30	

9. Name and Address of Current Registered Agent

LAVENDER, JOEL
507 SE 11 COURT
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name Michael McHerney	82 Street Address (P.O. Box Number is Not Acceptable) Brinkley, McHerney, Morgan Solomon	83 200 East Las Olas, Suite 1800	84 City FT. Lauderdale	85 Zip Code 33301
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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

(NOT Registered Agent signature required when reinstating)

DATE

5/26/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD NAME NOLAN, GERARD, N.P., MD STREET ADDRESS 5300 NW 33 AVE 204 CITY-ST-ZIP FT. LAUDERDALE FL 33309	☒ DELETE	1.1 TITLE Secretary 1.2 NAME Brett Iannucci Ilo 1.3 STREET ADDRESS 5300 NW 33 AVE suite 204 1.4 CITY-ST-ZIP FT Lauderdale FL 33309	☒ Change ☐ Addition
TITLE VD NAME LESNIAK, JAMES MD STREET ADDRESS 5300 NW 33 AVE 204 CITY-ST-ZIP FT. LAUDERDALE FL 33309	☐ DELETE	2.1 TITLE Treasurer 2.2 NAME Zachary Menegakis 2.3 STREET ADDRESS 5300 NW 33 Ave suite 204 2.4 CITY-ST-ZIP FT Lauderdale FL 33309	☒ Change ☐ Addition
TITLE PD NAME PRAKASH, RAGAVENDRA STREET ADDRESS 5300 NW 33 AVE 204 CITY-ST-ZIP FT. LAUDERDALE FL 33309	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME CUADRA, GUSTAVO MD STREET ADDRESS 5300 NW 33RD AVE #204 CITY-ST-ZIP FT. LAUDERDALE FL 33309	☒ 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

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

Valerie Angel Rasmussen M.D.

6/1/98 954-485-5666

CR2E034 (10/97)