

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # 572146 (9)
1. Corporation Name
CURRENT REVIEWS FOR NURSE ANESTHETISTS, INC.



Principal Place of Business Mailing Address
7480 FAIRWAY DR. STE 106 7480 FAIRWAY DR. STE 106
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1978		3a. Date of Last Report 03/07/1995	
21		26		4. FEI Number 59-1821258		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28		10. Name and Address of New Registered Agent			
Zip		Zip		81 Name			
24		29		82 Street Address (P.O. Box Number is Not Acceptable)			
Country		Country		83			
25		30		84 City		FL 85 Zip Code	
9. Name and Address of Current Registered Agent							
MOYA, FRANK 7480 FAIRWAY DR MIAMI LAKES FL 33014							

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYA, FRANK	1.2 NAME	
STREET ADDRESS	7480 FAIRWAY DR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI LAKES, FL 00000	1.4 CITY-STATE-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNULTY, JOAN	2.2 NAME	
STREET ADDRESS	7480 FAIRWAY DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI LAKES, FL 00000	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICHTIGER, MONTE	3.2 NAME	
STREET ADDRESS	4300 ALTON ROAD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, JIMMY	4.2 NAME	
STREET ADDRESS	4300 ALTON ROAD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

Daytime Phone #

CR2E034 (12/95)