

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
U/DIVISION OF CORPORATIONS

95 APR -3 PM 5:53

DOCUMENT # 600144 (O)

1. Corporation Name

ANESTHESIA PROFESSIONAL ASSOCIATION, INC.

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 5300 NW 33RD AVE SUITE 204 FORT LAUDERDALE FL 33309 US | 5300 NW 33RD AVE SUITE 204 FT LAUDERDALE FL 33309 US |

DO NOT WRITE IN THIS SPACE.

| | |
|-----------------------------------|-------------------------|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 07/10/1962 | 03/16/1994 |

| | | | |
|--------------------------------|---------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For 59-0970932 Not Applicable |
| 21 Suite, Apt. #, etc. | 26 27 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 City & State | 28 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 Zip | Country | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 24 25 | 29 | 8. City | FL 85 Zip Code |

9. Name and Address of Current Registered Agent

LAVENDER, JOEL R.
507 SE 11TH CT
FT. LAUDERDALE FL 33316

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number Is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

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 renewing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|-------------------------|--|
| TITLE | SD | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| NAME | NOLAN, GERARD, N.P., MD | |
| STREET ADDRESS | 5300 NW 33 AVE 204 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | PD | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| NAME | FENWICK, MARTIN J., MD | |
| STREET ADDRESS | 5300 NW 33 AVE 204 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | VD | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| NAME | PRAKASH, RAGAVENDRA | |
| STREET ADDRESS | 5300 NW 33 AVE 204 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | TD | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| NAME | CUADRA, GUSTAVO MD | |
| STREET ADDRESS | 5300 NW 33RD AVE #204 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption granted in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gerard R. Nolan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95 305 485-5666

Form 1000