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Mar 02 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 # 601793 (3)
1. Corporation Name
ANESTHESIA ASSOCIATES, M.D., P.A.

Principal Place of Business
567 AVENUE K S.E.
WINTER HAVEN FL 33880

Mailing Address
567 AVENUE K S.E.
WINTER HAVEN FL 33880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1969	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1278346		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LINGENFELTER, ALAN L. 567 AVENUE K S.E. WINTER HAVEN FL 33880		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	VD
NAME	DOMENIC V. OTTAIANO, M.D.	1.2 NAME	William P. Myers, M.D.
STREET ADDRESS	567 AVENUE K S.E.	1.3 STREET ADDRESS	567 Avenue K, S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 00000	1.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	VD	2.1 TITLE	VD
NAME	NETTLOW, DONALD R JR	2.2 NAME	Jorge R. Villarreal, M.D.
STREET ADDRESS	567 AVENUE K S.E.	2.3 STREET ADDRESS	567 Avenue K, S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 00000	2.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	PD	3.1 TITLE	
NAME	LINGENFELTER, ALAN L, MD	3.2 NAME	
STREET ADDRESS	567 AVENUE K S.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	SIMON, MICHAEL J MD	4.2 NAME	
STREET ADDRESS	567 AVENUE K S.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	GION, HELGA, MD	5.2 NAME	
STREET ADDRESS	567 AVENUE K S.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	DRUM, JERRY B, MD	6.2 NAME	
STREET ADDRESS	567 AVENUE K S.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE:  2/23/98 941 2993965

CR2E034 (10/97)