FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 602946 (6)

1. Corporation Name

ANESTHESIOLOGISTS OF CENTRAL FLORIDA, M.D., P.A.

Principal Place of Business

100 WEST LUCERNE CIRCLE, SUITE 502
[redacted]
ORLANDO FL [redacted] 32801

Mailing Address

[redacted]
POST OFFICE BOX 4985
ORLANDO FL 32802-4985
[redacted]

3. Date Incorporated or Qualified: 07/08/1971

3a. Date of Last Report: 01/26/1995

4. FEI Number: 59-1352993 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

9. Name and Address of Current Registered Agent

MURBACH, ROGER S. M
100 W. LUCERNE CR., SUITE 502
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MURBACH, ROGER S M		1.2 NAME	
STREET ADDRESS	[redacted] 100 W LUCERNE CIR #502		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	32801
TITLE	SD	☐ DELETE	2.1 TITLE	XX Change ☐ Addition
NAME	[redacted]		2.2 NAME	Steven L. Appelblatt
STREET ADDRESS	[redacted], 100 W. LUCERNE CR. #502		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	32801
TITLE	TD	☐ DELETE	3.1 TITLE	XX Change ☐ Addition
NAME	[redacted]		3.2 NAME	Karen S. Bender
STREET ADDRESS	[redacted], 100 W. LUCERNE CR #4895		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	32801
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-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: 3-6-96 (407) 246-0034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Roger S. Murbach, M.D.

CR2E034 (12/95)