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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State
03-23-1999 90050 009 ***158.75

DOCUMENT # 602946

1. Corporation Name
ANESTHESIOLOGISTS OF CENTRAL FLORIDA, M.D., P.A.

Principal Place of Business	Mailing Address
100 WEST LUCERNE CIRCLE. SUITE 502 ORLANDO FL 32801 US	P.O. BOX 4985 ORLANDO FL 32802-4985 US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address
21 100 West Lucerne Circle	26
Suite, Apt. #, etc. 22 Suite 403	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28
Zip / Country 24 32801 / 25 USA	Zip / Country 29 / 30

4. FEI Number: 59-1352993 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MURBACH, ROGER S. 100 W. LUCERNE CR., SUITE 502 ORLANDO FL 32801	81 Name: Stephen W. Thompson 82 Street Address (P.O. Box Number is Not Acceptable): 100 West Lucerne Circle 83: Suite 403 84 City: Orlando FL 85 Zip Code: 32801

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: Stephen W. Thompson mm — 3/13/99 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	MURBACH, ROGER S.		1.2 NAME	Thompson, Stephen W	
STREET ADDRESS	100 W. LUCERNE CIRCLE, #502		1.3 STREET ADDRESS	100 W. Lucerne Circle #403	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	SD	☐ DELETE	2.1 TITLE	Secretary + Treasurer	☒ Change ☐ Addition
NAME	APPELBLATT, STEVEN L.		2.2 NAME	Stewart, Matthew L.	
STREET ADDRESS	100 W. LUCERNE CIRCLE, #502		2.3 STREET ADDRESS	100 W. Lucerne Circle #403	
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENDER, KAREN S.		3.2 NAME		
STREET ADDRESS	100 W. LUCERNE CIRCLE, #4895		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP		
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		

CR2E024 (11/98)

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, with all other like empowered.

SIGNATURE: Stephen W. Thompson REQUIRED — 3/13/99 (Date) — (407) 246-0034 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR