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95 MAY -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # (3) P93000012405

1. Corporation Name

PROFESSIONAL ANESTHESIA SERVICES, INC.

Principal Place of Business	Mailing Address
1101 MARKET ST. PHILADELPHIA PA 19101	P.O. BOX 13477 PHILADELPHIA PA 19101

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1993
3a. Date of Last Report: 10/06/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 51-0345538 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
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	11 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, JAY	12 NAME	
STREET ADDRESS	1101 MARKET ST.	13 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19101	14 CITY-ST-ZIP	300001481493
TITLE	V	21 TITLE	-05/03/95--01420--☐ Addition
NAME	O'HARA, MICHAEL J.	22 NAME	****200.00 ****200.00
STREET ADDRESS	1101 MARKET ST.	23 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19101	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	LACEY, BRUCE	32 NAME	
STREET ADDRESS	1101 MARKET ST.	33 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19101	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	S ☒ Change ☐ Addition
NAME	BODNAR, PRISCILLA	42 NAME	SAMETZ, ADRIENNE
STREET ADDRESS	1101 MARKET ST.	43 STREET ADDRESS	1101 Market St.
CITY-ST-ZIP	PHILADELPHIA PA 19101	44 CITY-ST-ZIP	Philadelphia, PA 19107
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MAHONEY, MELVIN	52 NAME	
STREET ADDRESS	1101 MARKET ST.	53 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19101	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MILES, RICHARD	62 NAME	
STREET ADDRESS	1101 Market ST.	63 STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19107	64 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)(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.

SIGNATURE: _____ 4/28/95 215-238-3162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number
Michael J. O'Hara, Vice President