

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State CORPORATIONS
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DOCUMENT # **F93000004638 (3)**
1. Corporation Name
ANESTHESIA PARTNERS, INC.

Principal Place of Business 3708 MAYFAIR STREET SUITE 103 DURHAM NC 27707	Mailing Address ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

12. OFFICERS AND DIRECTORS	
TITLE	PCD
NAME	CLARKE, DAVID B
STREET ADDRESS	3708 MAYFAIR STREET, SUITE 103
CITY-ST-ZIP	DURHAM NC 27707
TITLE	V
NAME	FINLEY, RICHARD H
STREET ADDRESS	3708 MAYFAIR STREET, SUITE 103
CITY-ST-ZIP	DURHAM NC 27707
TITLE	S
NAME	RUSSELL, MARCK
STREET ADDRESS	3708 MAYFAIR STREET, SUITE 103
CITY-ST-ZIP	DURHAM NC 27707
TITLE	XX
NAME	FATER, DAVID H
STREET ADDRESS	2828 CROASDALE DRIVE
CITY-ST-ZIP	DURHAM NC
TITLE	X
NAME	SALE, RON
STREET ADDRESS	3708 MAYFAIR STREET, SUITE 103
CITY-ST-ZIP	DURHAM NC
TITLE	AS
NAME	THOMAS-HART, JACQUELINE
STREET ADDRESS	2828 CROASDALE DRIVE
CITY-ST-ZIP	DURHAM NC

APPROVED
AND
FILED
95 MAY -1 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/14/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 56-1660779	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	

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	

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: *Jacqueline Thomas-Hart* Jacqueline Thomas-Hart 4-28-95 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR