FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:45

DOCUMENT # G83402 (9)

1. Corporation Name
OFFICE ANESTHESIA, INC.

Principal Place of Business	Mailing Address
1860 KINGSBURY CT KISSIMMEE FL 34744	1860 KINGSBURY CT KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1984
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business	2a. Mailing Address
21 755 Andover Circle	26 755 Andover Circle
Suite, Apt. #, etc. 22 Winter Springs	Suite, Apt. #, etc. 27 Winter Springs
City & State 23 FLORIDA	City & State 28 FLA
Zip / Country 24 32708 / 25 U.S.A	Zip / Country 29 32708 / 30 U.S.A

4. FEI Number: 59-2372208 ☐ 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

SESSIONS, PAULETTE
1860 KINSBURY CT
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: Paulette Sessions
82 Street Address (P.O. Box Number is Not Acceptable): 755 Andover Circle
83 Winter Springs FLA
84 City: FL 85 Zip Code: 32708

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: Paulette D. Sessions 1-31-95
(Typed, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	SESSIONS, PAULETTE	1.2 NAME	D Paulette Sessions
STREET ADDRESS	1860 KINSBURY CT	1.3 STREET ADDRESS	755 Andover Circle
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Winter Springs FLA 32708
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	SESSIONS, PAULETTE	2.2 NAME	S Paulette Sessions
STREET ADDRESS	1860 KINGSBURY CT	2.3 STREET ADDRESS	755 Andover Circle
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	Winter Springs FLA 32708
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(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: Paulette Sessions Paulette Sessions 407-3668814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
1-31-95

0376800 CP