FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G91388 **(**0) OFFICE ANESTHESIA SERVICES, INC. Principal Place of Business Mailing Address 2815 CORINTHIANS AVENUE 2815 CORINTHIANS AVENUE P. O. BOX 10672 P. O. BOX 10672 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/14/1984 2a, Mailing Address 2. Principal Place of Business 4 FEI Number Applied For 59-2384371 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DARLING, SANDRA C. 2815 CORINTHIAN AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32210 83 City Zip Code 84 85 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 Signature, typed or porited naide of registered agent and trie if applicable (NOTE Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 11 TITLE DARLING, SANDRA C. NAME 1.2 NAME **CR2E034** 1541 BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition 21 TITLE TITLE TAMUL, JACK NAME 22 NAME 2815 CORINTHIAN AVE. STREE1 ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CHTY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TOTAL 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 1/TLE TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.2 NAME

14. Thereby 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.

4-16-98 904-716-3709