

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H34271 (7)
 1. Corporation Name
PUTNAM ANESTHESIA ASSOCIATES, P.A.



Principal Place of Business PO BOX 8038 PALATKA FL 32178-8038 US	Mailing Address PO BOX 8038 PALATKA FL 32178-8038 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 01/01/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2471141	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MONZON, RAUL A
 RT 4 BOX 1708
 PALATKA FL 32177**

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 _____ (NOTE: Registered agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P LIPOFF, SCOTT	1.2 N	
STREET ADDRESS	315 SOUTH SUBDIVISION	1.3 ST ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	1.4 C-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Y MONZON, RAUL	2.2 N	PT Monzon, Raul
STREET ADDRESS	RT 4 BOX 1708 NA	2.3 ST ADDRESS	
CITY-ST-ZIP	PALATKA FL	2.4 C-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V MIJARES, CARLOS M	3.2 N	VS Mijares, Carlos M.
STREET ADDRESS	RT 5, BOX 489	3.3 ST ADDRESS	
CITY-ST-ZIP	PALATKA FL	3.4 C-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 N	
STREET ADDRESS		4.3 ST ADDRESS	
CITY-ST-ZIP		4.4 C-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 N	
STREET ADDRESS		5.3 ST ADDRESS	
CITY-ST-ZIP		5.4 C-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 N	
STREET ADDRESS		6.3 ST ADDRESS	
CITY-ST-ZIP		6.4 C-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the option 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; that 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: _____

CR2E034 (10/97)