SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

~~PROFIT~~ CORPORATION ~~ANNUAL REPORT~~
1996

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

APPROVED AND FILED
96 DEC -2 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J61806 (2)

1. Corporation Name
INTERNATIONAL ANESTHESIOLOGY ASSOCIATES, INC.
1996 REINSTATEMENT

Principal Place of Business	Mailing Address
4245 LAKE RD MIAMI FL 33137	4245 LAKE RD MIAMI FL 33137

3. Date Incorporated or Qualified: 03/13/1987
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business — 21: 1100 NW 95 ~~ST~~ ST. — 22: Suite, Apt. #, etc: 126 — 23: City & State: MIAMI FL — 24: Zip: 33150 — Country: US

2a. Mailing Address — 26: 1100 NW 95 ~~ST~~ ST. — 27: Suite, Apt. #, etc: 126 — 28: City & State: MIAMI, FL — 29: Zip: 33150 — 30: Country: US

4. FEI Number: 59-2816117 — ☐ 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
LYNDALL LAMBERT
9636 NE 2ND AVENUE
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent
81 Name: LYNDALL LAMBERT
82 Street Address (P.O. Box Number is Not Acceptable): 999 Brickell Avenue
83: Suite 555
84 City: Miami FL 85 Zip Code: 33131

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] 11-25-96
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHOU, MICHAEL, MD 1100 NW 95 ST #126 MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VENDRYES, CHRIS MD 1100 NW 95 ST #126 MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002022593--1 -12/06/96--01087--029 ****383.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FELDMAN, JEROME, MD 1100 NW 95 ST #126 MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition ****383.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 1996
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 12-2-96
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above with an address.

SIGNATURE: [signature] 10/16/96 3058356196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL SCHOU MD, PRESIDENT

0045547 CP