2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90381 034 ***150.00 DOCUMENT # K07410 ANESTHESIA OF INDIAN RIVER, INC. 40086341 Principal Place of Business Mailing Address 1555 INDIAN RIVER BLD STE B120 1555 INDIAN RIVER BLD STE B120 VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03052008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4 FFI Number 65-0037808 Not Applicable 3io Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEGERT, FORD J. Street Address (P.O. Box Number is Not Acceptable) 819 BCHLAND BLVD VERO BEACH, FL 32963 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typied or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HITLE Delete HITLE TD☐ Change Addition Geoffrey B.Wolf, MD FEGERT, VIRGINIA E MD NAME NAME 1555 Indian River Blvd B120 STREET ADDRESS 1555 INDIAN RVIER BLVD B120 STREET ADDRESS Vero Beach, FL 32960 VERO BEACH, FL 32960 CITY - S1 - ZIP CHY ST ZIP ☐ Change > Addition TITLE Delete TITLE Nikitas Kleopoulos PORTELL DONALD JDO NASAE 1555 Indian River Blvd B120 STREET ADDRESS 1555 INDIAN RIVER BLVD B120 STREET ADDRESS Vero Beach, FL 32960 OUY SI-ZP VERO BEACH, FL 32960 CITY-ST-ZIP TITLE **≰**T Chance ☐ Delete Addition HILE Marion Richardson, MD RICHARDSON, MARION L.,MD 1555 Indian River Blvd B120 Vero Beach, FL 32960 1555 INDIAN RIVER BLVD STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32960 CHTY - \$1 - ZIP OUR SE DE ☐ Change ※☐ Addition IIILE ☐ Delete 7131 F James Ploucha, DO MONUSZKO, EILEEN A MD NAME NAME 1555 Indian River Blvd B120 STREET ADDRESS 1555 INDIAN RIVER BLVD B120 STREET ADDRESS Vero Beach, FL 32960 VERO BEACH, FL 32960 CITY-ST-ZIP CHY-ST-ZIP ☐ Change 🏖 Addition HILL Delete THE KUPPINGER, JORDAN MD NAME Falguni Sura, MD NAME 1555 INDIAN RIVER BLVD B120 STREET ADDRESS 1555 Indian River Blvd Bl20 STREET ADDRESS VERO BEACH, FL 32960 CHY-ST-ZIP CHY-SI-ZIP Vero Beach, FL 32960 HILF Delete MILE Martha Wheeley, MD WHEELEY, MARHTA MD NAME NAME

12. Thereby derily that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other tips of powers.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CHY-ST ZIP

1555 INDIAN RIVER BLVD B120

VERO BEACH, FL 32960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

778-9621

1555 Indian River Blvd B120

Vero Beach, FL 32960

FILED

ATTACHMENT 4008 6341

DOCUME 1. Entity Name ANESTHESIA					
Principal Place of Business 699 17TH STREET, SUITE E2 VERO BEACH, FL 32960			Mailing Address 699 17TH STREET, SUITE E2 VERO BEACH, FL 32960		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	City & State		
Zip	Country	Zip	Country		

CONTINUATION FROM PAGE 1

11. Additions/Changes to Officers and Directors

11.	ADDITIONS (CHANGES TO OFFICE AND	DIDCOY	0.01
	ADDITIONS/CHANGES TO OFFICERS AND		
IME	D	☐ Change	X[] Addition
NAME .	Jose Ortega, MD		
STREET ADDRESS CITY+ST-ZIP	1555 Indian River Blvd	B120	
	Vero Beach, FL 32960		
TITLE .	D	Change	XX Addition
HAME	Alberto Perez Dimaggio	, MD	
STREET ADDRESS	1555 Indian River Blvd	B12	0
CITY-ST-ZIP	Vero Beach, FL 32960		
TITLE	D	Change	>
NAME	Phillip A. Nye, MD		
STREET ADDRESS	1555 Indian River Blvd	B120	
CITY-ST-ZIP	Vero Beach, FL 32960	2120	
TILE .	D	Change	>☐ Addition
NAME .	John Lindenthal, MD		11
STREET ADDRESS	1555 Indian River Blvd	B120	
CITY-ST-ZIP	Vero Beach, FL 32960	DIZO	
TITLE		☐ Change	Addition
NAME		- •	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NUME			
STREET ADDRESS			
CITY-ST-ZIP			Ì