

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Gandra B. Marshall  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K17537 (7)**  
1. Corporation Name  
**THE JOSEPH L. RILEY ANESTHESIA ASSOCIATES, P.A.**

Principal Place of Business Mailing Address  
**341 N. MAITLAND AVE SUITE 330 MAITLAND FL 32751 US**  
**P. O. BOX 940924 P.O. BOX 940924 MAITLAND FL 32794-0924 US**

DO NOT WRITE IN THIS SPACE

APPROVED AND FILED  
95 MAY -1 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	<b>02/25/1988</b>	<b>04/27/1994</b>
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	<b>59-2905984</b>	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under § 199.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>GALLO, JOSEPH MD 8753 LAKE TIBET COURT ORLANDO FL 32836</b>		01. Name	<b>KEVIN P THONI, MD PRESIDENT</b>
		02. Street Address (P.O. Box Number is Not Acceptable)	<b>130 SPRING VALLEY LOOP</b>
		03. City	<b>ALTAMONTE SPRINGS FL</b>
		04. Zip Code	<b>32714</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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]* DATE: \_\_\_\_\_  
Signature must be printed name of registered agent and date of application. (NOTE: Registered Agent signature required when constituting.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>-VB-</b>	1.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THONI, KEVIN MD</b>	1.2 NAME	<b>DAVID P HARTSON</b>
STREET ADDRESS	<b>100 SPRING LAKE LANE</b>	1.3 STREET ADDRESS	<b>1114 KUPRIL LANE</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>	1.4 CITY - ST - ZIP	<b>LONGWOOD, FL. 32779</b>
TITLE	<b>D</b>	2.1 TITLE	<b>SEC.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HONSKA, MARK, MD</b>	2.2 NAME	<b>CHRISTOPHER E. DOBSON, II, MD</b>
STREET ADDRESS	<b>204 QUAYSIDE CR #502</b>	2.3 STREET ADDRESS	<b>565 ESTATES PLACE</b>
CITY - ST - ZIP	<b>MAITLAND FL</b>	2.4 CITY - ST - ZIP	<b>LONGWOOD, FL 32779</b>
TITLE	<b>-D-</b>	3.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOUSE, JEFFREY, T, MD</b>	3.2 NAME	<b>JOSEPH A. GALLO, JR MD</b>
STREET ADDRESS	<b>944 VERSAILLES GR</b>	3.3 STREET ADDRESS	<b>8753 LAKE TIBET COURT</b>
CITY - ST - ZIP	<b>MAITLAND FL</b>	3.4 CITY - ST - ZIP	<b>ORLANDO, FL 32836</b>
TITLE	<b>-SD-</b>	4.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOATSON, JOYCE, MD</b>	4.2 NAME	<b>THOMAS J. ARCARIO</b>
STREET ADDRESS	<b>2127 TERRACE BLVD S</b>	4.3 STREET ADDRESS	<b>2237 PEACHLEAF COURT</b>
CITY - ST - ZIP	<b>LONGWOOD FL</b>	4.4 CITY - ST - ZIP	<b>LONGWOOD, FL. 32779</b>
TITLE	<b>PD-</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLO, JOSEPH, MD</b>	5.2 NAME	
STREET ADDRESS	<b>8753 LAKE TIBET COURT</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGERT, KEVIN M</b>	6.2 NAME	
STREET ADDRESS	<b>116 OAKWOOD DRIVE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAITLAND FL</b>	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 110.07(1)(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 637, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or in an addition with an address.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR