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FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 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 940824 P.O. BOX 940824 MAITLAND FL 32794-0824 US

3. Date Incorporated or Qualified **02/25/1988** 3a. Date of Last Report **02/05/1996**
 4. FEI Number **59-2905984** 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite Apt. #, etc. 26 **P. O. Box 941989**
 22 City & State 27 Suite, Apt. #, etc.
 23 **Maitland, Fl 32794-1989**
 24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
THONI, KEVIN P MD
130 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

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

TITLE	D <input type="checkbox"/> DELETE
NAME	HARTSON, DAVID P
STREET ADDRESS	1114 KOPRIL LANE
CITY-ST-ZIP	LONGWOOD FL
TITLE	T <input type="checkbox"/> DELETE
NAME	DOBSON, CHRISTOPHER E II
STREET ADDRESS	565 ESTATE PLACE
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GALLO, JOSEPH A JR.
STREET ADDRESS	8753 LAKE TIBET COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	S <input type="checkbox"/> DELETE
NAME	SECARIO, THOMAS J
STREET ADDRESS	2237 PEACH LEAF COURT
CITY-ST-ZIP	LONGWOOD FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	HONSKA, MARK
STREET ADDRESS	204 GAYSIDE CIRCLE
CITY-ST-ZIP	MAITLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FOLEY, B G
STREET ADDRESS	P O BOX 547998
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Foley, B.G.
6.3 STREET ADDRESS	210 Colony Springs La
6.4 CITY-ST-ZIP	MAITLAND, FL, 32751

14. I do hereby 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.

SIGNATURE: _____ SIGNATURE REQUIRED
 _____ 4/7/97 (407) 645-1682
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)