

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

FILED
May 04 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 # K17537 (7)

1. Corporation Name
THE JOSEPH L. RILEY ANESTHESIA ASSOCIATES, P.A.



Principal Place of Business 341 N. MAITLAND AVE SUITE 330 MAITLAND FL 32751 US	Mailing Address P.O. BOX 940924 MAITLAND FL 32794-0924 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	291 Southhall Lane	26	291 Southhall Lane	02/25/1988	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2905984	
City & State		City & State		Applied For	
23 Maitland, Fl		28 Maitland, Fl.		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32751 25		29 32751 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBINSON, RICHARD M 201 EAST PINE STREET SUITE 1200 ORLANDO FL 32801				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	DP	1.1 TITLE	DS
NAME	THONI, KEVIN P M.D.	1.2 NAME	ANGERT, KEVIN C. M.D.
STREET ADDRESS	341 N. MAITLAND AVE., STE. 330	1.3 STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND FL 32794-0924	1.4 CITY-ST-ZIP	MAITLAND, FL. 32751
TITLE	DV	2.1 TITLE	D
NAME	HONSKA, MARK E M.D.	2.2 NAME	HONSKA, MARK E M.D.
STREET ADDRESS	341 N. MAITLAND AVE., STE. 330	2.3 STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND FL 32794-0924	2.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DS	3.1 TITLE	DT
NAME	ARCARIO, THOMAS J M.D.	3.2 NAME	ARCARIO, THOMAS J M.D.
STREET ADDRESS	341 N. MAITLAND AVE., STE. 330	3.3 STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND FL 32794-0924	3.4 CITY-ST-ZIP	MAITLAND, FL. 32751
TITLE	DT	4.1 TITLE	DP
NAME	DOBSON, CHRISTOPHER E II, M.D.	4.2 NAME	DOBSON, CHRISTOPHER E II, M.D.
STREET ADDRESS	341 N. MAITLAND AVE., STE. 330	4.3 STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND FL 32794-0924	4.4 CITY-ST-ZIP	MAITLAND, FL. 32751
TITLE	D	5.1 TITLE	D
NAME	GALLO, JOSEPH A JR., M.D	5.2 NAME	GALLO, JOSEPH A JR., M.D.
STREET ADDRESS	341 N. MAITLAND AVE., STE. 330	5.3 STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND FL 32794-0924	5.4 CITY-ST-ZIP	MAITLAND, FL. 32751
TITLE	D	6.1 TITLE	D
NAME	FOLEY, B. GREG M.D.	6.2 NAME	HARTSON, DAVID P. M.D.
STREET ADDRESS	341 N. MAITLAND AVE., STE. 330	6.3 STREET ADDRESS	291 SOUTHHALL LANE
CITY-ST-ZIP	MAITLAND FL 32794-0924	6.4 CITY-ST-ZIP	MAITLAND, FL. 32751

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CR2E034 (10/97)

4/24/98 (407) 667-0505