

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90109 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K17537**

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



Principal Place of Business
**291 SOUTHHALL LANE
 MAITLAND FL 32751
 US**

Mailing Address
**291 SOUTHHALL LANE
 MAITLAND FL 32751
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
02/25/1988

4. FEI Number
59-2905984

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**ROBINSON, RICHARD M
 201 EAST PINE STREET
 SUITE 1200
 ORLANDO FL 32801**

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 _____ (NOTICE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DS	<input type="checkbox"/>
NAME	ANGERT, KEVIN C. M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/>
NAME	HONSKA, MARK E M.D.	
STREET ADDRESS	2941 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DT	<input type="checkbox"/>
NAME	ARCARIO, THOMAS J M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DP	<input type="checkbox"/>
NAME	DOBSON, CHRISTOPHER E II, M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/>
NAME	GALLO, JOSEPH A JR. M.D	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/>
NAME	HARTSON, DAVID P. M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	DT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	HOUSE, JEFFREY T MD		
2.3 STREET ADDRESS	291 SOUTHHALL LANE		
2.4 CITY-ST-ZIP	MAITLAND, FL 32751		
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	MERRELL, JERRY W MD		
6.3 STREET ADDRESS	291 SOUTHHALL LANE		
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)(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, with all other like empowered.

SIGNATURE: RCOEPEN RCOEPEN Date: 4/26/99 Daytime Phone #: (407) 667-0505

CR2E034 (11/98)