Principal Place of Business Hell by UST ALE SUITE 1 OCAL R 1 SWA KE SUITE 1 O	DOCU 1. Entity Nam	MENT # K42856		DRT (UBR)	FILED Jan 24, 2000 8:00 am Secretary of State 01-24-2000 90046 023 ***150.00
SUIFE 1 US       SUIFE 1 COLLAR FL 3474       SUIFE 1 COLLAR FL 3475       SUIFE 1 COLLAR FL 3474       SUIFE 1 COLLA	Principal Plac	ce of Business	Mailing Address		<u> </u>
COLLA FL SHATH       COLLA FL SHATHASS       TU 0 5 2 2 8         UB       <		AVE			
Principal Flace of Business     A. Mainrg Address     Suite. Apt. #, etc.     Suite. Apt.     Suite. Apt. #, etc.     Sui	OCALA FL 34474		OCALA FL 34474-4252		706228
Suite. Apt. F. etc.     Suite. Apt. F. etc.     Suite. Apt. F. etc.       City & State     City & State     City & State     Applied Formation and Address of Current Registered Agent       Zip     Country     Zip     Country     Country     State. Applied Agent Formation and Address of Current Registered Agent       CROSS, R. SCOTT     Itel Manufacture of State. Development     State. Applied Agent     Name and Address of Ournert Registered Agent       CROSS, R. SCOTT     Itel Manufacture of State. Development     State. Applied State.     Name and Address of Agent Packagent       CROSS, R. SCOTT     Itel Manufacture of State. Development     State. Applied Applied State. Applied Sta		Place of Business		<u></u>	
City & State       City & State       4. FEI Number       Sp2916209       Applied Formation in the international provided internatinternatione provided international provided international provide			Suite Ant # etc		I (BUUH) AN ARANG NACH ANAN ANNO ANN TAN ANN ANN ANN ANN ANN ANN ANN ANN
Zb         Country         Zo         Country         S. certificate of status Dealed         Inst. Application           6. Name and Address of Current Registered Agent         7. Name and Address of Wer Registered Agent         7. Name and Address of Wer Registered Agent         Fee Registered Agent         Fee Registered Agent           CROSS, R. SCOTT 108 N. MARNOLLA AVE SUITE 101 OCALA FL 34475         Name and Address of Wer Registered Agent         Name and Address of New Registered Agent           8. The above nerved of the purpose of changing its registered fee of Collar and the state of the purpose of changing its registered of the state of Pords.         State of Pords.         State of Pords.           StotATURE         State of near dealer of agents					
Constant of address of Current Registered Agent     CROSS, R. SCOTT     CROSS, R. SCOTT     To R MACROULA AVE     SUFE 101     OCALA FL 34475     Chi Constant C	City & State	e	City & State		50-2016200
CROSS, R. SCOTT 106 N MAGNOLIA AVE SUFFE 101 OCALA FL 34475       Name Suffer 101 OCALA FL 34475       Name Suffer 101 OCALA FL 34475       Name Suffer 101 OCALA FL 34475         8. The above need entity submits this statement for the purpose of changing its registered of Core of Suffered agent, or both, in the State of Florida.       FL 34475         9. This corporation is eligible to satisfy its Intangible Tax fing requirement and elects to do so.       Or Ocale FL 35000 Atter MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Tust Fund Contribution.       \$5,00 May Be Added to Fees         11.       OFFCERS AND DIPECTORS       12.       ADDITIONS(CHANGES TO OFFICERS AND DIPECTORS IN 11 MARION ANESTHESIA ASSOC	Zip	Country	Zip	Country	
CROSS, R. SCOTT 106 N MAGNOLA AVE SUFFE 101 OCALA FL 34475    The above named onlify submits this statement for the purpose of changing its registered office or for generating in the state of Florida  is on a contract of the purpose of changing its registered office or for generating its registered of the or for generating its registered office or for generating its registered of the or for generati		6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
A. The above named entity submits this statement for the purpose of changing its registreent office or the purpose agent, or both, in the State of Provide.      Signature, speed or private rank advection of registree agent, or both, in the State of Provide.      Signature, speed or private rank advection of registree agent, or both, in the State of Provide.      Signature, speed or private rank advection of registree agent, or both, in the State of Provide.      Signature, speed or private rank advection of registree agent, or both, in the State of Provide.      Signature, speed or private rank advects to desc.      Signature, speed or private rank advects	108 SUIT	N MAGNOLIA AVE TE 101			aress (P.O. Box Number is Not Acceptable)
SIGNATURE       Signature       On-18-00         Diguture, tread or priving rank of registered sport and that applicable.       Inter MAY 1, 2000 Fee will be \$550.00       Date         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       Inter MAY 1, 2000 Fee will be \$550.00       Atter MAY 1, 2000 Fee will be \$550.00       Atter MAY 1, 2000 Fee will be \$550.00         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TILE       D       The       MAARION ANEESTHESTIA ASSOC INDURING (Addition Tax fund Contribution Addition         STRET ADDRESS       D       OCALA FL       200 See will be \$52.00         TILE       Defee       The       MAARION ANEESTHESTIA ASSOC INDURING (Addition Tax fund Contribution Addition         STRET ADDRESS       COLE, TERRY       Inter Control (SEE CONTO)       Inter Control (SEE CONTO)         TILE       Defee       The       MAARION ANEESTHEET, SUITE CONTO       OCALA FL         COLE, TERRY       Inter Control (SEE CONTO)       Inter Control (SEE CONTO)       Inter Control (SEE CONTO)         TILE       Defee       The       Inter Control (SEE CONTO)       Inter Control (SEE CONTO)       Inter Control (SEE CONTO)         TILE       Docket       The       Inter Control (SEE CONTO)       Inter C				City රිය	-AIA FL 34474
TITLE       D       □ Defete       TITLE       MARION ANESTHESIA ASSOCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINCINC	Tax filing r (See criter	pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW After MAY 1, 2 Make Check Paya	000 Fee will be \$550. ble to Department of	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
true D □ Delete True NAME COLE, TERRY AVENUE □ Delete True NAME STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True NAME STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True NAME STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True NAME STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True S □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete True STREET ADDRESS 1528 SW 1ST AVENUE □ Delete STREET ADDRESS SCITY-ST-2P □ OCALA FL □ Delete STREET ADDRESS SCITY-ST-2P □ OCALA FL □ Delete True STREET ADDRESS SCITY-ST-2P □ OCALA FL □ Delete STREET ADDRESS SCITY-ST-2P □ OCALA FL □ DELE	TITLE NAME STREET ADDRESS	D TSAO, MING-JYI 1528 SW 1ST AVENUE		TITLE NAME STREET ADDRESS	MARION ANESTHESIA ASSOC., INCondition 200 S.W. 8th STREET, SUITE C OCALA, FL 34474
NAME     NAME       STREET ADDRESS     1528 SW 1ST AVENUE       CITV-ST-ZIP     OCALA FL       TITLE     S       ITTLE     S       NAME     Delete       STREET ADDRESS     IS28 SW 1ST AVENUE       CITV-ST-ZIP     OCALA FL       TITLE     S       ITTLE     NAME       STREET ADDRESS     IS28 SW 1ST AVENUE       CITV-ST-ZIP     OCALA FL       TITLE     IS28 SW 1ST AVENUE       OCALA FL     Delete       TITLE     IS28 SW 1ST AVENUE       OCALA FL     IS28 SW 1ST AVENUE       OCALA FL     IDelete       TITLE     IDelete       NAME     STREET ADDRESS       STREET ADDRESS     IS28 SW 1ST AVENUE       OCALA FL     IDelete       TITLE     IDelete       NAME     STREET ADDRESS       STREET ADDRESS	NAME STREET ADDRESS	D Cole, Terry 1528 SW 1ST Avenue	Delete	NAME STREET ADDRESS	
NAME     MALNASI, LESLIE     NAME       STREET ADDRESS     1528 SW 1ST AVENUE     STREET ADDRESS       CITY-ST-ZIP     OCALA FL     CITY-ST-ZIP       D     Delete     TITLE       NAME     GIOVANNELLI, RICHARD     Delete       STREET ADDRESS     STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     OCALA FL     ITTLE       NAME     GIOVANNELLI, RICHARD     NAME       STREET ADDRESS     STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     OCALA FL     CITY-ST-ZIP       ITTLE     Delete     TITLE       NAME     STREET ADDRESS     CITY-ST-ZIP       13. L 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	NAME STREET ADDRESS	1528 SW 1ST AVENUE	Delete	NAME STREET ADDRESS	
NAME       GIOVANNELLI, RICHARD       NAME         STREET ADDRESS       IS28 SW 1ST AVENUE       STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CALA FL       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delele       TITLE       Addition         NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP         TITLE       Delele       TITLE       Addition         STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP         13. 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	NAME STREET ADDRESS	MALNASI, LESLIE 1528 SW 1ST AVENUE	Delete	NAME STREET ADDRESS	- · -
NAME STREET ADDRESS CITY-ST-ZIP 13. 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	NAME STREET ADDRESS	GIOVANNELLI, RICHARD 1528 SW 1ST AVENUE	Delete	NAME STREET ADDRESS	
13. 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	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS	🕒 Change 🗌 Addition
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 or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	indicated of the cor	on this report or supplemental report is to poration or the receiver or trustee empoy	true and accurate and that wered to execute this report	my signature shall have t as required by Chapter	ve the same legal effect as if made under oath; that I am an officer or director

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