

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

95 MAY -1 PM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K94427** (7)
1. Corporation Name
ANESTHESIOLOGY ASSOCIATES OF TALLAHASSEE, P.A.

Principal Place of Business 2173 A CENTERVILLE PL TALLAHASSEE FL 32308	Mailing Address 2173 A CENTERVILLE PL TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/12/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2970442	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**WILSON, JOSEPH J
2173-A CENTERVILLE PLACE
TALLAHASSEE FL 32308**

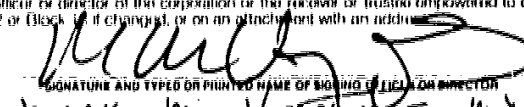
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ZIMMERMAN, RALPH W.	1.2 NAME	
STREET ADDRESS	2173-A CENTERVILLE PL.	1.3 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	COLA, ALBERTO G.	2.2 NAME	
STREET ADDRESS	2173-A CENTERVILLE PL	2.3 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	2.4 CITY, ST, ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	VOGELHUT, MARK M.	3.2 NAME	
STREET ADDRESS	2173-A CENTERVILLE PL	3.3 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	DONNELLAN, WILLIAM G	4.2 NAME	MARCHIO, WILLIAM A.
STREET ADDRESS	2173-A CENTERVILLE PL	4.3 STREET ADDRESS	2173-A CENTERVILLE PL
CITY, ST, ZIP	TALLAHASSEE FL	4.4 CITY, ST, ZIP	TALLAHASSEE, FL 32308
TITLE	STD	5.1 TITLE	☐ Change ☐ Addition
NAME	CONRAD, DANIEL P	5.2 NAME	
STREET ADDRESS	2173-A CENTERVILLE PLACE	5.3 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	5.4 CITY, ST, ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	DENNE, JOHN E	6.2 NAME	KLOCHANY, ALAN
STREET ADDRESS	2173 A CENTERVILLE PL	6.3 STREET ADDRESS	2173 - A CENTERVILLE PL
CITY, ST, ZIP	TALLAHASSEE FL	6.4 CITY, ST, ZIP	TALLAHASSEE, FL 32308

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 119.07(3)(b), 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:  4/27/95 (904) 385-0144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARK M. VOGELHUT, M.D.

K94427
ANESTHESIOLOGY ASSOCIATES of TALLAHASSEE, P.A.

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BLOCK 12 - 13 ADDITIONAL DIRECTOR :

D

SELL, BRENCE A.
2173-A CENTERVILLE PL
TALLAHASSEE, FL 32308