FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2173 A CENTERVILLE PL TALLAHASSEE FL 32308	2173 A CENTERVILLE PL TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: **06/12/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2970442** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILSON, JOSEPH J **2173-A CENTERVILLE PLACE** **TALLAHASSEE FL 32308**	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	ZIMMERMAN, RALPH W.	12 NAME		
STREET ADDRESS	2173-A CENTERVILLE PL.	13 STREET ADDRESS		
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	COLA, ALBERTO G.	22 NAME		
STREET ADDRESS	2173-A CENTERVILLE PL	23 STREET ADDRESS		
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP		
TITLE	DP	31 TITLE		☐ Change ☐ Addition
NAME	VOGELHUT, MARK M.	32 NAME		
STREET ADDRESS	2173-A CENTERVILLE PL	33 STREET ADDRESS		
CITY ST ZIP	TALLAHASSEE FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	DONNELLAN, WILLIAM G	42 NAME	MARCHIO, WILLIAM A.	
STREET ADDRESS	2173-A CENTERVILLE PL	43 STREET ADDRESS	2173-A CENTERVILLE PL	
CITY ST ZIP	TALLAHASSEE FL	44 CITY ST ZIP	TALLAHASSEE, FL 32308	
TITLE	STD	51 TITLE		☐ Change ☐ Addition
NAME	CONRAD, DANIEL P	52 NAME		
STREET ADDRESS	2173-A CENTERVILLE PLACE	53 STREET ADDRESS		
CITY ST ZIP	TALLAHASSEE FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	DENNIE, JOHN E	62 NAME	KLOCHANY, ALAN	
STREET ADDRESS	2173 A CENTERVILLE PL	63 STREET ADDRESS	2173-A CENTERVILLE PL	
CITY ST ZIP	TALLAHASSEE FL	64 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)(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 addition.

SIGNATURE: _____ 4/27/95 (904) 385-0144
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #
MARK M. VOGELHUT, MD

0007223 CP

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