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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L58127** (6)

1. Corporation Name

NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.

Principal Place of Business

**729 POST STREET
JACKSONVILLE FL 32204
US**

Mailing Address

**729 POST STREET
JACKSONVILLE FL 32204
US**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/13/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3012394	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. 2165 HERSCHEL STREET Suite, Apt. #, etc. 22. City & State 23. JACKSONVILLE, FL Zip 24. 32204	2a. Mailing Address 26. 2165 HERSCHEL STREET Suite, Apt. #, etc. 27. City & State 28. JACKSONVILLE, FL Zip 29. 32204 Country 30. USA
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9. Name and Address of Current Registered Agent AKEL, EDWARD C. 2301 INDEPENDENT SQUARE JACKSONVILLE, FL 32202	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
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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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAPMAN, JAMES G. 729 POST ST JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D CHAPMAN, JAMES G. 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRY, PHIL C. 729 POST ST JACKSONVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D PERRY, PHIL C. 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, MARK B. DELETE 729 POST ST JACKSONVILLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D ROCES, ARMANDO J. 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRONG, GERALD W. 729 POST ST JACKSONVILLE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D STRONG, GERALD W. 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUNSTILL, STEPHEN L. 729 POST ST JACKSONVILLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D TUNSTILL, STEPHEN D. 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D GREENE, ROGER W. 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 19.03(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 as chairman, or on a committee with an address.

SIGNATURE:

Stephen L. Tunstall Stephen L. Tunstall

Date

(Typed Name)