2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # L58127 03-10-2008 90070 007 ***150.00 1. Entity Name NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A. Principal Place of Business 40042170 Mailing Address 2165 HERSCHEL STREET 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3012384 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wodrich, Michael A. AKEL, EDWARD C. Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Boulevard 2301 INDEPENDENT SQUARE JACKSONVILLE, F;L, FL 32202 Suite 1500 Jacksonville 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition VPD □ Change NAME KÖEHLER, DAVID C NAME Tunstill, Stephen L STREET ADDRESS 2165 HERSCHEL STREET STREET ADDRESS 2165 Herschel Street CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-7IP Jacksonville, FL 32204 VPD Change TITLE ☐ Delete nn F VPD ☐ Addition Greene, Roger w 2165 Herschel Street CHAPMAN, JAMES G NAME STREET ADDRESS 2165 HERSCHEL STREET STREET ADDRESS CITY-ST-ZIP Jacksonville, FL 32204 JACKSONVILLE, FL CITY-ST-ZIP VPD TITLE Delete TITLE ☐ Change ■ Addition NAME ROCES, ARMANDO J Smith, William T Jr. STREET ADDRESS 2165 HERSCHEL STREET STREET ADDRESS 2165 Herschel Street CITY-ST-7IP JACKSONVILLE, FL CITY-ST-ZIP <u>Jacksonville. FL 32204</u> DRE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME GODBOLDT, ANTHONY O Harding, Katherine A. 2165 Herschel Street STREET ADDRESS 2165 HERSCHEL STREET STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP <u>Jacksonville, FL 32204</u> TITLE VPD ☐ Delete TITLE ☐ Change Mddition Kerr, J. Knox III 2165 Herschel Street NAME SOHA, WALTER M NAME STREET ADDRESS 2165 HERSCHEL STREET STREET ADORESS CITY-ST-7IP JACKSONVILLE, FL CITY-ST-ZIP Jacksonville, FL 32204 ☐ Delete TITLE ☐ Change ☐ Addition **VPD** NAME . Donovan, Kevin L. street ADDRESS 2165 Herschel Street NAME Rosenberg, Lee D. 2165 Herschel Street STREET ADDRESS Jacksonville, FL 32204 Jacksonville, FL 32204 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 10 or Block 11 if changed, or on an attachment with ab address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

FILED Mar 10, 2008 8:00 am

ATTACHMENT

2008 FOR PROFIT CORPORATION

_	(\ ANNUAL	REPORT									
DOCUMENT # L58127 1. Entity Name NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.											
	e of Business CHEL STREET LE, FL 32204 US	Mailing Address 2165 HERSCHEL STREE IACKSONVILLE, FL 3220		11211212							
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address		-1,40042170							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	01152008 Chg-P CR2E034 (12/06)							
City & Stat	8	City & State		4. FEI Number Applied For 59-3012384 Not Applicable							
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required							
<u> </u>	-6. Name and Address of Current I	Registered Agent —		7. Name and Address of New Registered Agent							
	WARD C. EPENDENT SQUARE IVILLE, F;L, FL 32202		Street A 130 Sui	Name Wodrich Michael A. Streen Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Boulevard Suite 1500							
			City	$\mathbf{FL} = \mathbf{FL} + \mathbf{FL} = \mathbf{FL} + \mathbf{FL} = \mathbf{FL} + \mathbf{FL} = FL$							
32207 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Patterson, Sarah 2165 HERSCHEL STREET JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacksonville, FL 32204							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PONTE, ROBERT A 2165 HERSCHEL STREET JACKSONVILLE, FL	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☐ Change ☐ Addition ☐ Boswell, Bruce B 2165 Herschel Street ☐ Jacksonville, FL 32204							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Crum; Paul M J1 2165 HERSCHEL STREET JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Change Addition Boggs, Ralph B. 2165 Herschel Street Jacksonville, FL 32204							
NITLE NAME STREET ADDRESS CITY-ST-ZIP	Chen, Bai X 2165 HERSCHEL STREET JACKSONVILLE, FL	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	VPD Change Addition Flanagan, John C 2165 Herschel Street Jacksonville, FL 32204							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lee, Edward M 2165 HERSCHEL STREET JACKSONVILLE, FL	☐ Deletæ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacksonville, FL 32204							
TITLE NAME STREET ADDRESS	VPD Scott, John D 2165 Herschel St	□ Delete	TITLE NAME STREET ADDRESS	VPD ☐ Change ☐ Addition ☐ Stevenson, Matthew S. 2165 Herschel Street							
CITY-ST-ZIP	Jacksonville, Fl	32204	CHTY-ST-ZIP	Jacksonville, FL 32204 contained in Chapter 119, Florida Statutes. I further certify that the information							

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # (58127) 1. Entity Name NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.						AŦ	ATTACHMENT					
Principal Place of Business 2165 HERSCHEL STREET JACKSONVILLE, FL 32204 US Address 2165 HERSCHEL STREET JACKSONVILLE, FL 32204						JS	l' i t	65 II O 1	20			
Principal Place of Business - No P.O. Box # Mailing Address						- 1 '4	00421	TU	1			
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			01152008	Chg-P	CR2E03	34 (12/06)		
City & State			City	City & State			4. FEI Numb 59-301			- - - -	olied For Applicable	
Zip	Country Zip Co			Coun	try	5. Certificate	of Status Desired		\$8.75 Addi Fee Required			
· · · · · · · · · · · · · · · · · · ·	6. Name and	Address of Curren	nt Registere	d Agent		Nama		Address of New Reg		gent	——	
AKEL, EDWARD C.						Name Wodrich, Michael A.						
2301 INDEPENDENT SQUARE						Street Add	ress (P.O. Box Numb 11 Riverp]	er is Not Acceptable) .ace Boule	vard			
JACKSONVILLE, F;L, FL 32202						ite 1500						
						City Jacksonville FL Zip Code 32207						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE_	Signature, typed or pri	inted name of registered age	ent and title if app	licable. (NOTE	- Registere	d Agent signature	required when roinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10,		OFFICERS AN	ID DIRECTO	RS	11.		ADDITIONS	CHANGES TO OFFIC	ERS AND	DIRECTORS	IN 11	
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CITY-ST-ZIP	1				ar	- ST-ZIP	<u>Jacksonvi</u>	lle, FL 32	204			
TITLE NAME	VPD			Defete	TITLE NAM	- 1	VPD	Matthew N	4	☐ Change	X Addition [
STREET ADDRESS	•					EET ADORESS	2165 Hers	Matthew M chel Stree	ŧ			
CITY-ST-ZIP	JACKSONVII	LLE, FL			ary			lle, FL 32	2204			
TITLE	VPD			☐ Delete	IJTI. Mam	٠ ١.	VPD Lineberry	. Paul J		☐ Change	Addition	
STREET ADDRESS						EET ADDRESS	2165 Hers	chel Stree	et			
CITY-ST-ZIP	JACKSONVII	LLE, FL			CITY	-ST-ZIP	Jacksonvi	lle, FL 32	2204			
TIRE NAME	VPD			Delete	TITLI	I .				☐ Change	Addition	
I INTERNE					13/3(7)	'L						
STREET ADDRESS	1	HEL STREET				EET ADDRESS '-st-zip						
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVII VPD 2165 HERSO	LLE, FL CHEL STREET		☐ Delete	CITY TITLI NAM STRE	E EET ADDRESS				☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVII	LLE, FL CHEL STREET			CITY TITLE NAM STRE	E EET ADDRESS				☐ Change	☐ Addition	
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