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Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M70013

(1)

1. Corporation Name

ANESTHESIA CONSULTANTS, P.A.



Principal Place of Business

Mailing Address

~~4048 EVANS AVE~~ 11400 B Cleveland Ave
~~6-2020~~
~~FT MYERS FL 33908~~ FT. MYERS FL 33907
US

P.O. BOX 60185
FT. MYERS FL 33908-6185
US

3. Date Incorporated or Qualified
02/29/1988

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANNATA, ROSETTA V., M.D.P.A.
~~4048 EVANS AVENUE~~ 11400 B Cleveland Ave.
~~6041 ST. EDMUNDS LOOP~~ FT. MYERS, FL. 33907
~~FT. MYERS FL 33908~~

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

Signature typed or printed name of registered agent and fee # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	CANNATA, DR. ROSETTA V.	
STREET ADDRESS	6041 ST. EDMUNDS LOOP 134 Marys Chapel Ct.	
CITY-ST-ZIP	FT. MYERS FL Osprey FL. 34229	
TITLE	D	DELETE
NAME	VODILA, EDWARD J.	
STREET ADDRESS	6041 ST. EDMUNDS LOOP 134 Marys Chapel Ct.	
CITY-ST-ZIP	FT. MYERS FL Osprey, FL. 34229	
TITLE	V	DELETE
NAME	DLUZENSKI, JOHN M	
STREET ADDRESS	1119 DEERDON DRIVE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97

941-939-0555

Date

Daytime Phone #

0406334

CR2E034 (9/96)