

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M95064** (5)  
1. Corporation Name  
**PROFESSIONAL ANESTHESIA MANAGEMENT CO., INC.**



Principal Place of Business <b>2822 W. VIRGINIA AVENUE TAMPA FL 33607</b>	Mailing Address <b>2822 W. VIRGINIA AVENUE TAMPA FL 33607</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/18/1988</b>		3a. Date of Last Report <b>09/19/1996</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2904576</b>		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
24 Country	25 Country	29 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JACKSON, BRUCE G., M.D.  
2822 W. VIRGINIA AVENUE  
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name <b>RUGG JOSEPH W</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>201 N. FRANKLIN ST.</b>
83 <b># 2100</b>
84 City <b>TAMPA</b>
85 Zip Code <b>FL 33607</b>

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 of, typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/19/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>ALVAREZ, GEORGE G.</b>	
STREET ADDRESS	<b>2822 W. VIRGINIA AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>ERBAUGH, DUANE L.</b>	
STREET ADDRESS	<b>2822 W. VIRGINIA AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>TENCZA, DENNIS R.</b>	
STREET ADDRESS	<b>2822 W. VIRGINIA AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>ALVAREZ-GIL, FRANCISCO</b>	
STREET ADDRESS	<b>2822 W. VIRGINIA AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*

CR2E034 (4/97)