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 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22511** **(0)**

1. Corporation Name
(FORMERLY: PREMIER ANESTHESIA, INC.) ALLEGIANT PHYSICIAN SERVICES, INC.

200001486562
-05/12/95--01122--007
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1100 ASHWOOD PKWY SUITE 200 ATLANTA GA 30338	1100 ASHWOOD PKWY SUITE 200 ATLANTA GA 30338

3. Date Incorporated or Qualified: 01/10/1989
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business
21 500 Northridge Rd.
Suite, Apt. #, etc.
22 Suite 500
City & State
23 Atlanta, GA 30350
Zip
24 30350
Country
25 Fulton

2a. Mailing Address
26 500 Northridge Rd.
Suite, Apt. #, etc.
27 Suite 500
City & State
28 Atlanta, GA 30350
Zip
29 30350
Country
30 Fulton

4. FEI Number: 58-1774324 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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: (Agent or typed or printed name of registered agent and the capacity) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	☒ Change ☐ Addition
NAME	JACKSON, RICHARD L.	12 NAME	
STREET ADDRESS	1100 ASHWOOD PKWY STE 200	13 STREET ADDRESS	500 Northridge Rd., Suite 500
CITY ST ZIP	ATLANTA, G A	14 CITY ST ZIP	Atlanta, GA 30350
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	QUIRK, ARTHUR	22 NAME	Timothy Powers
STREET ADDRESS	1100 ASHWOOD PARKWAY, SUITE 200	23 STREET ADDRESS	500 Northridge Rd., Suite 500
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP	Atlanta, GA 30350
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	PAMELA WAGNER	32 NAME	
STREET ADDRESS	1100 ASHWOOD PKWY STE 200	33 STREET ADDRESS	500 Northridge Rd., Suite 500
CITY ST ZIP	ATLANTA, G A	34 CITY ST ZIP	Atlanta, GA 30350
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	HUMMEL, NORB	42 NAME	
STREET ADDRESS	1100 ASHWOOD PKY SUITE 200	43 STREET ADDRESS	500 Northridge Rd., Suite 500
CITY ST ZIP	ATLANTA GA	44 CITY ST ZIP	Atlanta, GA 30350
TITLE	VT	51 TITLE	☒ Change ☐ Addition
NAME	BLESER, JOSEPH	52 NAME	Delete
STREET ADDRESS	1100 ASHWOOD PARKWAY STE 200	53 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	54 CITY ST ZIP	
TITLE	V	61 TITLE	A.V.P.-TAXES ☒ Change ☐ Addition
NAME	LAWTER, TERRY	62 NAME	Ann S. Wrenn
STREET ADDRESS	1100 ASHWOOD PARKWAY STE 200	63 STREET ADDRESS	500 Northridge Rd., Suite 500
CITY ST ZIP	ATLANTA GA T.S. 5/11/95	64 CITY ST ZIP	Atlanta, GA 30350

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 address.

SIGNATURE: Ann S. Wrenn ANN S. WRENN 5/1/95 (404) 643-5630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0390167 FP