


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000052220 (9)**  
 1. Corporation Name  
**CONTINENTAL ANESTHESIA SERVICES, P.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1321 N.W. 14TH ST. STE. #803 MIAMI FL 33125 US		1321 N.W. 14TH ST. STE. #803 MIAMI FL 33125 US	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	24 Country	30 Country

3. Date Incorporated or Qualified	07/26/1993	
4. FEI Number	65-0457386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**GROSSMAN, JAY R.**  
**2838 BRICKELL AVE.**  
**MIAMI FL 33129**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GROSSMAN, JAY R.	
STREET ADDRESS	2838 BRICKELL AVE	
CITY-ST-ZIP	MIAMI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMSON, RONALD L MD	
STREET ADDRESS	4181 MALAGA AVE.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VALDES, OSVALDO D MD	
STREET ADDRESS	15551 S.W. 54TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BLATT, JEFFREY D	
STREET ADDRESS	3558 FLAMINGO DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANGEL, JOSE F MD	
STREET ADDRESS	251 CRANDON BLVD. STE. #435	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCOTT EBER, M.D.	
1.3 STREET ADDRESS	555 N.E. 34 STREET, APT. 303	
1.4 CITY-ST-ZIP	MIAMI, FL. 33137	
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 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:  JAY R. GROSSMAN, M.D. 4/1/98 (305-325-5416)

CR2E034 (10/97)