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Apr 21 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 # P93000063984 (7)

1. Corporation Name  
TRUJILLO ANESTHESIA SERVICES, P.A.



Principal Place of Business Mailing Address  
C/O MOSHER AND SCHNEIDER P.A.  
300-NORTHBRIDGE PAVILION 515 N.FLAGLER DR.  
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified 09/09/1993  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 1001 Flagler Center 27 1001 Flagler Center  
City & State City & State  
23 505 S Flagler Dr. 28 505 S Flagler Dr.  
Zip Country Zip Country  
24 25 29 30

4. FEI Number 65-0438102 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  
SCHNEIDER, JOHN C ESQ.  
300-NORTHBRIDGE PAVILION  
515 N. FLAGLER DRIVE  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1001 Flagler Center  
84 505 S. Flagler Drive  
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] DATE 4-21-97

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME TRUJILLO, EDWARD L  
STREET ADDRESS 12 TRADEWINDS CIRCLE  
CITY-ST-ZIP TEQUESTA FL 33469  
[Delete buttons for each entry]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition  
700002150367  
-04/22/97-01032-056  
\*\*\*165.00

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] Edward L. Trujillo 4-1-97

CR2E034 (9/96)