

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000065562 (9)**

1. Corporation Name
ALACHUA ANESTHESIOLOGISTS, INC.



Principal Place of Business 801 SW 2ND AVENUE GAINESVILLE FL 32601	Mailing Address 2631-A N.W. 41ST ST. GAINESVILLE FL 32606-7470 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1993		3a. Date of Last Report 03/18/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3201617		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZANDER, ERIK M 801 SW 2ND AVENUE GAINESVILLE FL 32601				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]* DATE **1/8/97**
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ZANDER, ERIK M MD			1.2 NAME			
STREET ADDRESS	801 SW 2ND AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32601			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOLLOWAY, ALAN MD			2.2 NAME			
STREET ADDRESS	801 SW 2ND AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32601			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	O'LAUGHLIN, MICHAEL MD			3.2 NAME			
STREET ADDRESS	801 SW 2ND AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32601			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ABUSRUR, SADI MD			4.2 NAME			
STREET ADDRESS	801 SW 2ND AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32601			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROVERE, LOUIS MD			5.2 NAME			
STREET ADDRESS	801 SW 2ND AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32601			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARNEVALE, PHILIP MD			6.2 NAME			
STREET ADDRESS	801 SW 2ND AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32601			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]* DATE: **1/8/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)