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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076144

1. Corporation Name
NORTHWEST FLORIDA ANESTHESIA CONSULTANTS, INC.

Principal Place of Business	Mailing Address
~~4412 N DAVIS HWY~~	~~P. O. BOX 30123~~
~~SUITE 344, BLOUNT BLDG~~	~~PENSACOLA FL 32503~~
~~PENSACOLA FL 32503~~	~~US~~
~~US~~	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 10/28/1993
21 4651 Sheridan St	26	4. FEI Number: 59-3207727 — Applied For / Not Applicable
Suite, Apt. #, etc: 22 400	Suite, Apt. #, etc: 27 400	5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
City & State: 23 Hollywood FL	City & State: 28	6. Elections Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
Zip: 24 33021 Country: [25]	Zip: 29 Country: 30	8. This corporation owes the current year Intangible Personal Property Tax: X Yes [ ] No

9. Name and Address of Current Registered Agent

~~LOZIER, DANIEL R.~~
~~3 W. GARDEN ST.~~
~~SUITE 344, BLOUNT BLDG.~~
~~PENSACOLA FL 32501~~

10. Name and Address of New Registered Agent

81 Name: JAY A MARKUS
82 Street Address (P.O. Box Number is Not Acceptable): 4651 SHERIDAN STREET
83 Suite 400
84 City: Hollywood FL 85 Zip Code: 33021

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: Jay A. Markus, Registered Agent — 4/13/99
Signature, typed or printed name of registered agent (and title if applicable) (Date) Registered Agent's signature required

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	11 TITLE	X Change [ ] Add/Or
NAME	TIMMONS, RUBEN B		12 NAME	PD Mitchell Eisenberg
STREET ADDRESS	P.O. BOX 3328 N/A		13 STREET ADDRESS	4651 Sheridan Street, Suite 1100
CITY-ST-ZIP	PENSACOLA FL 32503		14 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		[ ] DELETE	21 TITLE	[ ] Change X Add/Or
NAME			22 NAME	EVP(D) Lewis Gold
STREET ADDRESS			23 STREET ADDRESS	4651 Sheridan Street, Suite 400
CITY-ST-ZIP			24 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		[ ] DELETE	31 TITLE	[ ] Change X Add/Or
NAME			32 NAME	S 000003284 14 455.--- 01
STREET ADDRESS			33 STREET ADDRESS	-04/16/99--01008---012
CITY-ST-ZIP			34 CITY-ST-ZIP	***4350.00 ****150.00
TITLE		[ ] DELETE	41 TITLE	[ ] Change X Add/Or
NAME			42 NAME	COOD Michael Schaechter
STREET ADDRESS			43 STREET ADDRESS	4651 Sheridan Street, Suite 400
CITY-ST-ZIP			44 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		[ ] DELETE	51 TITLE	[ ] Change X Add/Or
NAME			52 NAME	VPS Jay Markus
STREET ADDRESS			53 STREET ADDRESS	4651 Sheridan Street, Suite 400
CITY-ST-ZIP			54 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Add/Or
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	B 4/20/99 9AM
CITY-ST-ZIP			64 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, with all other like empowered.

SIGNATURE: NORTHWEST FLORIDA ANESTHESIA CONSULTANTS, INC. By: Jay A. Markus, V.P. — April 13, 1999 — (954)986-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)