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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041606 (2)

FILED Jan 15 1998 8:00am Secretary of State

Principal Plac	AN ANESTHESIA, INC. De of Business H CLEVELAND AVENUE STE. 234	Mailing Address 12995 SOUTH CI FORT MYERS FL	EVELAND AVE	NUE ST	TE. 234	DO NOT W			
						3. Date Incorporated or Qualifi	ed		
- 5:		1.00				05/27/1994			
	lace of Business	2a. Mailing Addre	1 55			4. FEI Number			pplied For
Suite, Apt.	* otc	Suite, Apt. #,	etc			65-0491008			lot Applicable
22	#, 616.	27	ero.			5. Certificate of Status Desired			Additional Required
City & Stat	e	City & State				6. Election Campaign Financin			May Be
23		28				Trust Fund Contribution	" 🗆		i to Fees
Zip	Country	Zip	<u> </u>	ountry		8. This corporation owes or ha	s paid the cu		
24	25	29	30			Personal Property Tax due J			□ No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registered	Agent	
DIG	GBY, EMILIE V			81	Name				
	995 SOUTH CLEVELAND AVENU	JE STE. 234		82	Street Add	ress (P.O. Box Number is Not Acce	ptable)		
FO	RT MYERS FL 33907								
				83					
				84	City			85 Zip	Code
							FI	<u>- </u>	
onice of t	egistered agent, or bont, in the state	of Florida. Such chang	e was authori	zed by	the corpora	tion's board of directors. I hereby a	ccept the ap	Political in a	0.091010.00
agent. I a	m familiar with, and accept the oblig					poration submits this statement for tition's board of directors. I hereby a	DATE		
	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. ID DIRECTORS	(NOTE, Regist	ered Ager			DATE	D DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable,	(NOTE, Regist	ered Ager		ired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V	ent and title if applicable. ID DIRECTORS	(NOTE, Registing 13	ered Ager		ired when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS	(NOTE, Registration of the second sec	ered Ager 3. 1 TITLE	nt signature requi	ired when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234	(NOTE Regist) 1: ETE 1:1 1:2 1:4	ered Ager 3. 1 TITLE 2 NAME 3 STREET / 4 CITY-ST	nt signature requi	ired when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS	(NOTE Registre 1.2 1.2 1.4 1.4 ETE 2.1	ered Ager 3. I TITLE 2 NAME 3 STREET / 4 CITY-ST	nt signature requi	ired when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234	(NOTE Registre 11: ETE 1.1 1.2 1.4 1.4 ETE 2.1 2.2	ered Agor 3. 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME	ADDRESS 1- ZIP	ired when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET AODRESS CHY-ST-ZIP TITLE NAME STREET AODRESS	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234	(NOTE Regist) 11: ETE 1.1 1.4 1.5 1.4 ETE 2: ETE 2: 2.4	ered Ager 3. 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 2 NAME 3 STREET /	ADDRESS 1- ZIP ADDRESS	ired when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234 DEL	(NOTE Regist) ### 11 ### 1.1 ### 1.4 ### 2.1 ### 2.2 ### 2.3 ### 2.3	ered Ager 3. 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 4 CITY-S	ADDRESS 1- ZIP ADDRESS	ired when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234	(NOTE Regist) 11: ETE 1.1 1.4 1.4 ETE 2: 2.4 2.5 ETE 3.1	ered Ager 3. I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE	ADDRESS 1- ZIP ADDRESS	ired when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234 DEL	(NOTE Regist) 11: ETE 1.1 1.4 1.4 ETE 2: 2.4 2.5 ETE 3:1 3.2	ered Ager 3. I TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 4 CITY-ST	ADDRESS 1- ZIP ADDRESS T- ZIP	ired when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234 DEL	(NOTE Regist) 11: ETE 1.1 1.2 1.3 1.4 ETE 2.1 ETE 2.5 2.5 ETE 3.1 3.3 3.3	ered Agor 3. 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 1 TITLE 2 NAME 3 STREET /	ADDRESS J- ZIP ADDRESS T- ZIP ADDRESS ADDRESS	ired when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234 DEL	(NOTE Regist) 11: ETE 1.1 1.4 1.4 ETE 2: 2.4 2.5 ETE 3:1 3.2 3.3 3.4	ered Ager 3. I TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 4 CITY-ST	ADDRESS J- ZIP ADDRESS T- ZIP ADDRESS ADDRESS	ired when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234 DEL	(NOTE Regist) 11: ETE 1.1 1.2 1.3 1.4 ETE 2.1 2.4 2.5 ETE 3.1 3.3 3.4 ETE 4.1	ered Agor 3. 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 8 STREET / 6 CITY-ST 1 TITLE 2 NAME 8 STREET / 6 CITY-ST	ADDRESS J- ZIP ADDRESS T- ZIP ADDRESS ADDRESS	ired when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234 DEL	(NOTE Regist) ETE 1.1 1.2 1.3 1.4 ETE 2.1 ETE 2.3 2.5 ETE 3.3 3.3 3.4 ETE 4.1	ered Agor 3. I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 3 STREET / 5 CITY-ST I TITLE 2 NAME 3 STREET / 1 TITLE 2 NAME 3 STREET / 1 TITLE 2 NAME 4 CITY-ST	ADDRESS J- ZIP ADDRESS T- ZIP ADDRESS T- ZIP ADDRESS T- ZIP	ired when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234 DEL	(NOTE Regist) 11 12 13 14 14 15 ETE 21 22 23 33 34 ETE 41 43	ered Agor 3. I TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 4 CITY-S 1 TITLE 2 NAME 3 STREET / 1 TITLE 2 NAME 3 STREET / 1 TITLE 2 NAME 3 STREET /	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234 DEL	(NOTE Regist) 11: 12: 13: 14: 14: 21: 22: 22: ETE 3: 33: 44: 43: 44: 44: 44: 44: 44: 44: 4	ered Agor 3. I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 3 STREET / I TITLE 2 NAME 3 STREET / I TITLE 2 NAME 4 CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234 DEL DEL	(NOTE Regists 11: 12: 13: 14: 14: 22: 22: ETE 3: 33: 44: 43: 44: ETE 5:1	ered Ager 3. I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 3 STREET / 5 CITY-ST I TITLE 2 NAME 4 CITY-ST I TITLE 2 NAME 5 STREET / 6 CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234 DEL DEL	(NOTE Regists 11: 12: 13: 14: 14: 15: 22: 22: 24: 25: 24: 44: 43: 44: 45: 45: 45: 45: 45: 45: 45: 45: 45	ered Ager 3. I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 4 CITY-ST I TITLE 2 NAME 8 STREET / 6 CITY-ST I TITLE 1 TITLE 1 TITLE	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	ired when reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234 DEL DEL	(NOTE Regist) 11: 12: 13: 14: 14: 15: 24: 25: 33: 34: ETE 4: 43: 44: 45: 52: 53: 53: 64: 65: 65: 65: 65: 65: 65: 65: 65: 65: 65	ered Ager 3. I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 6 STREET / 6 CITY-ST I TITLE 2 NAME 8 STREET / 6 CITY-ST I TITLE 2 NAME 8 STREET / 6 CITY-ST	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS	ired when reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	ent and title if applicable. ID DIRECTORS DEL AVENUE STE. 234 DEL DEL	(NOTE Regist) 11: 12: 13: 14: 14: 15: 24: 25: 34: 44: 45: 45: 45: 45: 45: 45: 45: 45: 4	ered Ager 3. I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 6 CITY-ST I TITLE 2 NAME 8 STREET / 6 CITY-ST I TITLE 2 NAME 8 STREET /	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS	ired when reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	DEL AVENUE STE. 234 DEL DEL DEL	(NOTE Regists 11: 12: 13: 14: 14: 22: 22: 22: ETE 3: 33: 44: 43: 44: 43: 44: 51: 52: 53: 54: 61: 61: 61:	ered Ager 3. I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 6 STREET / 6 CITY-ST I TITLE 2 NAME 8 STREET /	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS	ired when reinstating)	DATE	D DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D DIGBY, EMILIE V 12995 SOUTH CLEVELAND A	DEL AVENUE STE. 234 DEL DEL DEL	(NOTE Regists 11: 12: 13: 14: 14: 21: 22: 24: 24: 33: 34: 45: 41: 43: 44: 45: 51: 52: 53: 54: 61: 61: 62:	ered Ager 3. I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 3 STREET / 4 CITY-ST I TITLE 2 NAME 6 STREET / 6 CITY-ST I TITLE 2 NAME 6 STREET / 6 CITY-ST I TITLE 2 NAME 6 STREET / 6 CITY-ST I TITLE 6 STREET / 6 CITY-ST I TITLE 7 NAME 8 STREET / 8 STREET / 8 CITY-ST I TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)	DATE	D DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition

I. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report as 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 of the precious 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:

1-6

941278995