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Apr 22 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 # P95000023747 (5)

1. Corporation Name

SURGICAL ANESTHESIA SERVICES, INC.

Principal Place of Business

Mailing Address

52 PHILLIPS AVE.
PONTE VEDRA BEACH FL 32082

52 PHILLIPS AVE.
PONTE VEDRA BEACH FL 32082-2815



2. Principal Place of Business	2a. Mailing Address
21 2009 Palmetto Point Drive	26 2009 Palmetto Point Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Ponte Vedra Beach, FL	28 Ponte Vedra, Florida
Zip Country	Zip Country
24 32082 25 St. Johns	29 32082 30 St. Johns

3. Date Incorporated or Qualified	3a. Date of Last Report
03/23/1995	03/08/1996
4. FEI Number	Applied For
59-3302697	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SCHREIBER, TERRY
52 PHILLIPS AVE.
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name	TERRY SCHREIBER
82 Street Address (P.O. Box Number is Not Acceptable)	2009 Palmetto Point Drive
83	Ponte Vedra Beach
84 City	FL
85 Zip Code	32082

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SCHREIBER, TERRY	
STREET ADDRESS	52 PHILLIPS AVE.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	Schreiber, Terry		
1.3 STREET ADDRESS	2009 Palmetto Pt Dr.		
1.4 CITY-ST-ZIP	Ponte Vedra, FL		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY SCHREIBER

Date

4/16/97

Daytime Phone #

904-273-6864

0018378

CR2E034 (9/96)