


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 JUL 28 PM 2: 56

DOCUMENT # P95000036016 (0)
 1. Corporation Name
FLORIDA ANESTHESIA ASSOCIATION, INC.



Principal Place of Business 5300 NW 33RD AVE. STE 204 FT. LAUDERDALE FL 33309	Mailing Address 5300 NW 33RD AVE. STE 204 FT. LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/03/1995	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0585138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EVER, JUDAH
 ONE FINANCIAL PLAZA
 STE 2100
 FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

81 Name Joel Lavender	
82 Street Address (P.O. Box Number is Not Acceptable) 507 SE 11 CT	
83 City FT Lauderdale FL	
84 City FL	85 Zip Code 33316

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 **7/24/97**

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	EVER, JUDAH	
STREET ADDRESS	ONE FINANCIAL PLAZA STE 2100	
CITY-ST-ZIP	FT LAUDERDALE FL 33394	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lavenden, Joel	
1.3 STREET ADDRESS	507 SE 11 CT	
1.4 CITY-ST-ZIP	FT Lauderdale FL 33316	
2.1 TITLE	700002252927	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-07/30/97--01095--020	
2.3 STREET ADDRESS	****347.50 ****105.00	
2.4 CITY-ST-ZIP	125.75	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE *[Signature]* DATE **7/24/97**

CR2E034 (4/97)