

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000043441 (1)

1. Corporation Name:
CENTRAL SPACE COAST ANESTHESIOLOGY, P.A.



100001843811
-05/30/96--01015--010
***200.00

Principal Place of Business: 201 JUNE DR COCOA BEACH FL 32931
Mailing Address: 201 JUNE DR COCOA BEACH FL 32931

3. Date Incorporated or Qualified: 06/01/1995
3a. Date of Last Report

2. Principal Place of Business: 21 Cape Canaveral Hospital
2a. Mailing Address: 26 P.O. Box 320040

4. FEI Number: 59-3310967
Applied For: Not Applicable

22 701 West Cocoa Beach Cwy
27 Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 Cocoa Beach, FL
28 Cocoa Beach, FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Zip 32931 Country USA
29 Zip 32932-0040 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
MCFARLANE, JOHN T
201 JUNE DR
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent:
81 Name: Christopher Vonderheide
82 Street Address (P.O. Box Number is Not Acceptable): 410 Beach Park Lane
83
84 City: Cape Canaveral, FL 85 Zip Code: 32920

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: *Christopher Vonderheide* Christopher Vonderheide 5/22/96
Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCFARLANE, JOHN T	
STREET ADDRESS	P.O. BOX 320040	
CITY-ST-ZIP	COCOA BEACH FL 32932-0040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETTIT, HARLAN E	
STREET ADDRESS	P.O. BOX 320040	
CITY-ST-ZIP	COCOA BEACH FL 32932-0040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STATHIS, DEMETRIOS K	
STREET ADDRESS	P.O. BOX 320040	
CITY-ST-ZIP	COCOA BEACH FL 32932-0040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVENS, R. MICHAEL	
STREET ADDRESS	P.O. BOX 320040	
CITY-ST-ZIP	COCOA BEACH FL 32932-0040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLOVAC, STANLEY	
STREET ADDRESS	P.O. BOX 320040	
CITY-ST-ZIP	COCOA BEACH FL 32932-0040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VONDERHEIDE, CHRISTOPHER	
STREET ADDRESS	P.O. BOX 320040	
CITY-ST-ZIP	COCOA BEACH FL 32932-0040	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	McFarlane, John T	
13. STREET ADDRESS	201 June Drive	
14. CITY-ST-ZIP	Cocoa Beach, FL 32931	
2. TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Pettit, Harlan E	
23. STREET ADDRESS	141 Saint Croix Avenue	
24. CITY-ST-ZIP	Cocoa Beach, FL 32931	
3. TITLE	Assist S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Stathis, Demetrios K	
33. STREET ADDRESS	489 South Atlantic Ave	
34. CITY-ST-ZIP	Cocoa Beach, FL 32931	
4. TITLE	Assist T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	Stevens, R. Michael	
43. STREET ADDRESS	744 S. Orlando Ave, #174	
44. CITY-ST-ZIP	Cocoa Beach, FL 32931	
5. TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	Golovac Stanley	
53. STREET ADDRESS	4395 Crooked Mile Rd.	
54. CITY-ST-ZIP	Merritt Island, FL 32952	
6. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	Vonderheide, Christopher	
63. STREET ADDRESS	410 Beach Park Lane	
64. CITY-ST-ZIP	Cape Canaveral, FL 32920	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *John T McFarlane* Vice President 5/22/96 407-799-7159
Date
CS 5/1/96

CR2E034 (12/95)