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Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000043441 (1)

1. Corporation Name

CENTRAL SPACE COAST ANESTHESIOLOGY, P.A.

Principal Place of Business

CAPE CANAVERAL HOSPITAL
701 WISE COCOA BEACH CSWY
COCO A BEACH FL 32931

Mailing Address

P.O. BOX 320040
COCO A BEACH FL 32732-0040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	06/01/1995	59-3310967	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	6. Election Campaign Financing	8.75 Additional Fee Required
22	27	<input type="checkbox"/>	Trust Fund Contribution	5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28			
Zip	Zip			
24	29			
Country	Country			
25	30			

9. Name and Address of Current Registered Agent

VONDERHEIDE, CHRISTOPHER
123 SEAPORT BLVD.
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC FARLANE, JOHN T	1.2 NAME	
STREET ADDRESS	201 JUNE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCO A BEACH FL 32931	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTIT, HARLAN E	2.2 NAME	
STREET ADDRESS	141 SAINT CROIX AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	COCO A BEACH FL 32931	2.4 CITY - ST - ZIP	
TITLE	ASD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATHIS, DEMETRIOS K	3.2 NAME	
STREET ADDRESS	489 SOUTH ATLANTIC AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	COCO A BEACH FL 32931	3.4 CITY - ST - ZIP	
TITLE	ATD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, R. MICHAEL	4.2 NAME	
STREET ADDRESS	744 S. ORLANDO AVE #704	4.3 STREET ADDRESS	
CITY - ST - ZIP	COCO A BEACH FL 32931	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLOVAC, STANLEY	5.2 NAME	
STREET ADDRESS	4395 CROOKED MILE RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	MERRIE ISLAND FL 32952	5.4 CITY - ST - ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONDERHEIDE, CHRISTOPHER	6.2 NAME	
STREET ADDRESS	410 BEACH PARK LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CANAVERAL FL 32920	6.4 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 in an attachment with an address.

SIGNATURE:

C Vonderheide

1/30/98

CR2E034 (10/97)