

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

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**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90041 002 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000043441**  
 1. Corporation Name  
**CENTRAL SPACE COAST ANESTHESIOLOGY, P.A.**

Principal Place of Business CAPE CANAVERAL HOSPITAL 701 W. COCOA BEACH CSWY COCOA BEACH FL 32931	Mailing Address P.O. BOX 320040 COCOA BEACH FL 32932-0040
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DO NOT WRITE IN THIS SPACE

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	MCFARLANE, JOHN T
STREET ADDRESS	201 JUNE DR
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	PETTIT, HARLAN E
STREET ADDRESS	141 SAINT CROIX AVENUE
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	ASD <input type="checkbox"/> DELETE
NAME	STATHIS, DEMETRIOS K
STREET ADDRESS	489 SOUTH ATLANTIC AVE
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	ATD <input type="checkbox"/> DELETE
NAME	STEVENS, R. MICHAEL
STREET ADDRESS	744 S. ORLANDO AVE #704
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	SD <input type="checkbox"/> DELETE
NAME	GOLOVAC, STANLEY
STREET ADDRESS	4395 CROOKED MILE RD
CITY-ST-ZIP	MERRIEE ISLAND FL 32952
TITLE	PD <input type="checkbox"/> DELETE
NAME	VONDERHEIDE, CHRISTOPHER
STREET ADDRESS	410 BEACH PARK LANE
CITY-ST-ZIP	CAPE CANAVERAL FL 32920

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED      Date: PRESIDENT 3/12/99      Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)