FILE NOW:.FILING FEE AFTER MAY,1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000044890 (8)**

1. Corporation Name
ANESTHESIA NETWORK, INC.

Principal Place of Business
130 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

Mailing Address
130 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: **06/02/1995**
3a. Date of Last Report: NA

2. Principal Place of Business
21 341 N. MAITLAND AVE.
Suite, Apt. #, etc.
22 SUITE 280
City & State
23 MAITLAND, FL
Zip 24 32751 Country 25 USA

2a. Mailing Address
26 341 N. MAITLAND AVE.
Suite, Apt. #, etc
27 SUITE 280
City & State
28 MAITLAND, FL
Zip 29 32751 Country 30 USA

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent
DANIELS, ALAN H
800 NORTH MAGNOLIA AVENUE STE 1500
ORLANDO S FL 32803

10. Name and Address of New Registered Agent
81 Name: JAMES CARLSEN, MD
82 Street Address (P.O. Box Number is Not Acceptable): 641 WORTHINGTON DR.
83
84 City: WINTER PARK, FL FL 85 Zip Code: 32789

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 after resignation

12. OFFICERS AND DIRECTORS

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	
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	President	[ ] Change [X] Addition
1.2 NAME	JAMES CARLSEN,MD	
1.3 STREET ADDRESS	641 WORTHINGTON DR.	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
2.1 TITLE	Sec/Tres	[ ] Change [X] Addition
2.2 NAME	JONATHAN C. HAUSHEER,MD	
2.3 STREET ADDRESS	771 DOMMERICH DR	
2.4 CITY-ST-ZIP	MAITLAND, FL 32751	
3.1 TITLE	~~Dir~~ VP	[ ] Change [X] Addition
3.2 NAME	KEVIN P. THONI, MD	
3.3 STREET ADDRESS	130 SPRING VALLEY LOOP	
3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
4.1 TITLE	Dir	[ ] Change [X] Addition
4.2 NAME	DOUGLAS A. CONIGLIARO, MD	
4.3 STREET ADDRESS	251 W.READING WAY	
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
5.1 TITLE	Dir	[ ] Change [X] Addition
5.2 NAME	B.GREG FOLEY, MD	
5.3 STREET ADDRESS	PO BOX 547996 (N/A)	
5.4 CITY-ST-ZIP	ORLANDO, FL 32854-7996	
6.1 TITLE	900001865499	[ ] Change [ ] Addition
6.2 NAME	-06/18/96--01116--002	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (407)645-1682
Date Daytime Phone #

CR2E034 (12/95)

5/1/96