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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	Mailing Address
130 SPRING VALLEY LOOP ALTAMONTE SPRINGS FL 32714	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	2a. Mailing Address
21 341 N. MAITLAND AVE.	26 341 N. MAITLAND AVE.
Suite, Apt. #, etc. 22 SUITE 280	Suite, Apt. #, etc. 27 SUITE 280
City & State 23 MAITLAND, FL	City & State 28 MAITLAND, FL
Zip / Country 24 32751 / 25 USA	Zip / Country 29 32751 / 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 — Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President / JAMES CARLSEN,MD / 641 WORTHINGTON DR. / WINTER PARK, FL 32789 — [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Sec/Tres / JONATHAN C. HAUSHEER,MD / 771 DOMMERICH DR / MAITLAND, FL 32751 — [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	~~Dir~~ VP / KEVIN P. THONI, MD / 130 SPRING VALLEY LOOP / ALTAMONTE SPRINGS, FL 32714 — [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Dir / DOUGLAS A. CONIGLIARO, MD / 251 W.READING WAY / WINTER PARK, FL 32789 — [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Dir / B.GREG FOLEY, MD / PO BOX 547996 (N/A) / ORLANDO, FL 32854-7996 — [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

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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: _____ 4/25/96 (407)645-1682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)