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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mort

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071176 (8)

COMMUNITY ANESTHESIA CARE, P.A.

FILED Mar 18 1998 8:00am Secretary of State

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HANEY, R. REID 101 E KENNEDY BLVD SUPE 4100 7AMPA FL 33802 44 City Tomos FL B8 Zip Code 7 30 S. Steel Address (PO. Box Number is Not Acceptably) 7 30 Code 7 31 C	24 0 5		1	301		
11. Pursuant to the provisions of Socions 607.050? and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent, or both, in the State of Florida, Such change was authorized by the corporation's submits this statement for the purpose of changing is registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing is registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent and the specials of the special state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent and the specials of the special state of Florida State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent agent to the provisions board of directors. I hereby accept the appointment as registered agent agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of change is registered agent. I have been depended agent agent to be provided agent agent agent to be provided agent agen	R1 Name					
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14. Thereby certify that the information supplied with his lining floes 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 supplied at noun report is true and accurate and that my signature shall have the same legal effect as it-made under notice that the information						
14. Thereby certify that the information supplied with his illing tools 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 a multi-report it true and accurate and that my signature shall have the same legal effect as it made under eath; that I am an officer or director of the corporation or the receiver of trustile enapowered 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 airal herem with an address.						