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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 15 1997 8:00am

Secretary of State

Change

Addition

1997

TITLE

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P96000087744 (4)

ADAM'S RIB ANESTHESIA SERVICES INC.

Principal Place of Business Mailing Address 18412 DIAMOND PLACE 16412 DIAMOND PLACE WESTON FL 33331 WESTON FL 33331-3100 3. Date Incorporated or Qualified 3a. Date of Last Report 10/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 65-0701347 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Źφ Country This corporation has liability for intangible tax under s. 199.032. Yes No 24 26 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name smith. Wilbur K 16412 DIAMOND PLACE Street Address (P.O. Box Number is Not Acceptable) WESTON FL 33331 83 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SMITH WILLIAM FOR President 4/28/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. (96/6) DELETE X Change 1.1 1010 Addition TITLE SMITH, WILBUR K. WESTON, WILBUR K NAME 1.2 NAME 16412 Diamond Place 16412 DIAMOND PLACE Incorrect STREET ADDRESS 1.3 STHEET ADDRESS WESTON FL 33311 weston. Fl 33331 CITY-ST-ZIP 1.4 CITY - ST - ZIE DETETE Change Addition TITLE 211/118 NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY - S1 - ZIP CITY-ST-ZIP DELETE TITLE Change ___ Addit/on 3 1 1 I LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE 4.1 TOLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-\$1-ZIP DELFTE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHTY-ST-ZIP

14. I do 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 eath; that I am an officer or director of the corporation or the received expression 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.

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIF

€1 TITLE 6.2 NAME

SIGNATURE: 11521 : (Carrier a 1151 and color for land and color

DELETE