SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Sep 16 1998 8:00am
Secretary of State

DOCUMENT # **P97000037180 (1)**

1. Corporation Name
ANESTHESIA CARE ASSOCIATES, P.A.

Principal Place of Business
341 N MAITLAND AVE., STE. 280
MAITLAND FL 32751

Mailing Address
341 N. MAITLAND AVE., STE. 280
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/25/1997

4. FEI Number
59-3444847
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 owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21 291 SOUTHHALL LANE
Suite, Apt. #, etc.
22
City & State
23 MAITLAND, FL
Zip 24 32751 Country 25

2a. Mailing Address
26 291 SOUTHHALL LANE
Suite, Apt. #, etc.
27
City & State
28 MAITLAND, FL
Zip 29 32751 Country 30

9. Name and Address of Current Registered Agent
ROBINSON, RICHARD M
201 E. PINE ST., STE. 1200
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
100002645677
-09/22/98--01005--039
83 ***150.00
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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] DELETE	1.1 TITLE	D	[X] Change [ ] Addition
NAME	GALLO, JOSEPH A JR.		1.2 NAME	GALLO, JOSEPH A JR.M.D.	
STREET ADDRESS	341 N. MAITLAND AVE., STE. 280		1.3 STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	[ ] DELETE	2.1 TITLE	DS	[X] Change [X] Addition
NAME	THONI, KEVIN P		2.2 NAME	ANGERT, KEVIN C. M.D.	
STREET ADDRESS	341 N. MAITLAND AVE., STE. 280		2.3 STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751		2.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DP	[ ] DELETE	3.1 TITLE	D	[X] Change [ ] Addition
NAME	HONSKA, MARK E		3.2 NAME	HONSKA, MARK E. M.D.	
STREET ADDRESS	341 N. MAITLAND AVE., STE. 280		3.3 STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751		3.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DV	[ ] DELETE	4.1 TITLE	DP	[X] Change [ ] Addition
NAME	DOBSON, CHRISTOPHER E		4.2 NAME	DOBSON, CHRISTIPHER E M.D.	
STREET ADDRESS	341 N. MAITLAND AVE., STE. 280		4.3 STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751		4.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DT	[ ] DELETE	5.1 TITLE	D	[ ] Change [X] Addition
NAME	FOLEY, B. GREG		5.2 NAME	HARTSON, DAVID P. M.D.	
STREET ADDRESS	341 N. MAITLAND AVE., STE. 280		5.3 STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751		5.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DS	[ ] DELETE	6.1 TITLE	DT	[X] Change [ ] Addition
NAME	ARCARIO, THOMAS J		6.2 NAME	ARCARIO, THOMAS J M.D.	
STREET ADDRESS	341 N. MAITLAND AVE., STE. 280		6.3 STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751		6.4 CITY-ST-ZIP	MAITLAND, FL 32751	

PE 9-16

14. I 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 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: Thomas J Arcario 7/29/98

CR2E034 (5/98)

(21)

Anesthesiology Consultation
Perioperative Consultation
Pain Medicine
Critical Care Medicine

July 29, 1998

Department of State
P. O. Box 1500
Tallahassee, Fl

Dear Sir or Madam:

Please waive the late fee on the 98 Corp. Annual Report for Anesthesia Care Associates, PA. We relocated and did not receive the original form .

Sincerely,

Nell Hahn

Nell Hahn
Accountant/Bookkeeper

291 Southball Lane • Maitland, FL • 32751-7265 • (407) 667-0444 • Fax (407) 667-0381