

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000071565 (0)

1. Corporation Name

INDEPENDENT ANESTHESIA PROVIDERS, INC.

Principal Place of Business

Mailing Address

4215 SOUTHPOINT BLVD. STE. 100
JACKSONVILLE FL 32216

4215 SOUTHPOINT BLVD. STE. 100
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

59-3463960

Applied For

Not Applicable

6. 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

2a. Mailing Address

21 129 SEA ISLAND DR.

26 129 SEA ISLAND DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 PONTE VEDRA BCH, FL

28 PONTE VEDRA BCH, FL

Zip

Country

Zip

Country

24 32082

25

29 32082

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

81 Name

KORN, MICHAEL J.

82 Street Address (P.O. Box Number is Not Acceptable)

SUITE 200, SOUTHPOINT BLDG

83

6620 SOUTHPOINT DR., SOUTH

84

JACKSONVILLE

FL

85 Zip Code

32216

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

MICHAEL J. KORN

3/12/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
NAME ANDERSON, DENICE S
STREET ADDRESS 129 SEA ISLAND DR.
CITY-STATE-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE

D
NAME ANDERSON, ALAN H
STREET ADDRESS 129 SEA ISLAND DR.
CITY-STATE-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

Alan Anderson

ALAN ANDERSON VICE PRES.

3/18/98

CR2E034 (10/97)