

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: **4215 SOUTHPOINT BLVD. STE. 100 JACKSONVILLE FL 32216**
 Mailing Address: **4215 SOUTHPOINT BLVD. STE. 100 JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
08/18/1997

2. Principal Place of Business
 21 **129 SEA ISLAND DR.**
 Suite, Apt. #, etc.
 22 City & State
PONTE VEDRA BCH FL
 Zip Country
32082

2a. Mailing Address
 26 **129 SEA ISLAND DR.**
 Suite, Apt. #, etc.
 27 City & State
PONTE VEDRA BCH FL
 Zip Country
32082

4. FEI Number
59-3463960
 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

9. Name and Address of Current Registered Agent
SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
 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 City
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  **MICHAEL J. KORN** 3/12/98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, DENICE S	
STREET ADDRESS	129 SEA ISLAND DR.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, ALAN H	
STREET ADDRESS	129 SEA ISLAND DR.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 in an attachment with an address.

SIGNATURE:  **ALAN ANDERSON VICE PRES.** 3/18/98

CR2E034 (10/97)