

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

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| PROFIT CORPORATION ANNUAL REPORT 1998 | FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P97000078080 (3) 1. Corporation Name PALM BAY ANESTHESIA ASSOCIATES, P.A. | |

| | |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business 583 RIO CASA DR. NORTH INDIALANTIC FL 32903 | Mailing Address 583 RIO CASA DR. NORTH INDIALANTIC FL 32903 |
| 2. Principal Place of Business 21 Palm Bay Community Hosp. Suite, Apt. #, etc. | 2a. Mailing Address 26 553 Rio Casa Dr. N. Suite, Apt. #, etc. |
| 22 1425 Mahakor Rd NE City & State 23 Palm Bay FL 32907 | 27 City & State 28 Indialantic FL. |
| Zip 24 | Zip 29 32903 |
| Country 25 U.S. | Country 30 |

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|-----------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|
| 9. Name and Address of Current Registered Agent KANOLIA, JOHN R 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901 | | 81 Name |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | | 83 |
| | | 84 City FL |
| | | 85 Zip Code |
| 10. Name and Address of New Registered Agent | | |

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 | VANDENBOSCH, MARK J 583 RIO CASA DR. NORTH INDIALANTIC FL 32903 | 1.1 TITLE Mark J. VandenBosch | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D | MURTHA, PATRICK A 583 RIO CASA DR. NORTH INDIALANTIC FL 32903 | 2.1 TITLE Patrick A. Murtha | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D | NELSON, CRAIG T 583 RIO CASA DR. NORTH INDIALANTIC FL 32903 | 3.1 TITLE Craig T. Nelson | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D | | 4.1 TITLE Mark J. VandenBosch | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D | | 5.1 TITLE Patrick A. Murtha | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D | | 6.1 TITLE Craig T. Nelson | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Mark VandenBosch* Mark VandenBosch, M.D. 4-20-98 407-722-8022

FILED
Apr 29 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 09/09/1997 | 4. FEI Number 59-3475907 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

CR2E034 (10/97)