FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S53890** **(7)**

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

Principal Place of Business	Mailing Address
5200 TOWN CENTER CENTER SUITE 205 BOCA RATON FL 33486 US	5200 TOWN CENTER CENTER SUITE 205 BOCA RATON FL 33486 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 6001 Broken Sound Pkwy	26 P. O. Box 810967
Suite, Apt. # etc. 22 Suite 504	Suite, Apt. # etc. 27
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip / County 24 33487 / 25 Palm Beach	Zip / County 29 33481-0967 / 30 Palm Beach

4. FEI Number: 65-0268157 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KRUGMAN, RICHARD S 5200 TOWN CENTER CIRCLE SUITE 205 BOCA RATON FL 33486	81 Name: Krugman, Richard S., M.D. 82 Street Address (P.O. Box Number is Not Acceptable): 6001 Broken Sound Parkway 83 Suite 504 84 City: Boca Raton FL 85 Zip Code: 33487

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: Richard S Krugman MD — Richard S. Krugman, M.D. — 5/1/95
(Print or type name of person signing) (New Registered Agent signature required for reinstatement) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	C.E.O.	☒ Change ☐ Addition
NAME	KRUGMAN, RICHARD S. M	12 NAME	Krugman, Richard S., M.D.	
STREET ADDRESS	5200 TOWN CENTER CIR., SUITE 205	13 STREET ADDRESS	6001 Broken Sound Pkwy., Ste. 504	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	Boca Raton, FL 33487	
TITLE		21 TITLE	Secretary, V.P.	☐ Change ☒ Addition
NAME		22 NAME	Tamara B. Giordano	
STREET ADDRESS		23 STREET ADDRESS	6001 Broken Sound Pkwy., Ste. 504	
CITY ST ZIP		24 CITY ST ZIP	Boca Raton, FL 33487	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 13 above, if applicable, or on an attachment with an address.

SIGNATURE: Richard S Krugman MD — RICHARD S. KRUGMAN, M.D. — 5/1/95 — 407 241-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0278187 CP