SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DE PARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (5)S62466 MCCAFFERY ANESTHESIA SERVICES, INC. Mailing Address Principal Place of Business 11531 N.W. 27TH CT. 11531 N.W. 27TH CT. PLANTATION FL 33323 PLANTATION FL 33323 3a. Date of Last Report 3. Date Incorporated or Qualified 06/26/1991 10/12/1995 Applied For 4. FEt Number Mailing Address 2. Principal Place of Business Not Applicable 65-0267964 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intarigible tax under s. 199.032, Country Žιρ Country Zψ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCCAFFERY, MARGARET Street Address (P.O. Box Number is Not Acceptable) 11531 N.W. 27TH CT. PLANTATION FL 33323 83 **85** Zip Code 84 City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE psOf Life general A jest signature required when remit at night Supplying the discount product registered agent and title diapply abid ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIRECTORS 13. 12. Change \_\_\_\_ Addition DELETE 11100 TiTLE CR2E034 1.2 NAME MCCAFFERY, MARGARET NAME 1.3 STREET ACORESS 11531 N.W. 27TH CT STREET ADORESS PLANTATION FL 1 4 CITY - ST - ZIP CHTY-ST-ZIP Change Addition DELETE 2 1 1011 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TIBLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY - ST. ZIP CITY - S1 - 719 Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TILLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TILLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - ST - ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MALLALLE ON CLASSICAL SIGNATURE AND TOPOS OR PRINTED NAME OF SIGNING OFFICE PLAN DIRECTOR

June 14, 1991