FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 JUL 20 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/25/95--01116--021
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 380322

1. Corporate Name
FLORIDA WEST CENTRAL ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business / Mailing Address
6105 MEMORIAL HWY, # M
TAMPA, Fl. 33615

3. Date Incorporated or Qualified:
3a. Date of Last Report: 04.06.94

2. Principal Place of Business	2a. Mailing Address
21 TAMPA	26 P.O. BOX 24865
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA	28 City & State: TAMPA Fl 33623
24 Zip: 33623 / 25 Country:	29 Zip: 33623 / 30 Country:

4. FEI Number: 59-3090926 — 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 s. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

ALAN T. RUDOLPH, M.D.
6105 MEMORIAL HWY
SUITE M
TAMPA, Fl 33615

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: TAMPA — FL — 85 Zip Code: 33623

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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: ________ DATE: ________

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
FLORIDA WEST CENTRAL ANESTHESIA TAMPA, FL 33623	[X] Change [ ] Addition P.O. BOX 24865 TAMPA, FL. 33623
ALAN. T. RUDOLPH M.D. PO BOX 24865 TAMPA, FL 33623	[ ] Change [ ] Addition
RAMON TOSCANO M.D. PO BOX 24865 TPA, FL 33623	[ ] Change [ ] Addition
DR. ALAN T. RUDOLPH M.D. 6105 MEMORIAL HWY #M TPA, FL. 33615	[X] Change [ ] Addition DR. ALAN T. RUDOLPH M.D. 6105 MEMORIAL HWY #M TAMPA, FL 33615
DR. RAMON C. TOSCANO M.D. 6105 MEMORIAL HWY #M TPA, FL. 33615	[X] Change [ ] Addition DR. RAMON C. TOSCANO M.D. 6105 MEMORIAL HWY #M TPA, FL. 33615
	[ ] Change [ ] Addition MAY 1

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)(a), 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: [signature] ALAN T. RUDOLPH, M.D. 5/1/95 (813) 885 6044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR