

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Mortman  
Secretary of State  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

55 JIL 20 PM 2:14

DOCUMENT # 380322

FLORIDA WEST CENTRAL ANESTHESIA  
ASSOCIATES, P.A.

6105 MEMORIAL HWY, # M  
TAMPA, FL 33615

200001545962  
-07/25/95--01116-021  
\*\*\*\*\*200.00 \*\*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized  4a. Date of Last Report  
**04-06-94**

2. Principal Place of Business <b>21 TAMPA</b> Suite Apt. # 106	2a. Mailing Address <b>26 P.O. BOX 24865</b> Suite Apt. # 106	4. FTE Number <b>59-3090926</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State <b>23 TAMPA</b> <b>33623</b>	27 City & State <b>28 TAMPA FL 33623</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added To Fees</b>
<b>24</b>	29 <b>33623</b>	7. If the corporation has failed to file an annual report under § 279.016, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8. The corporation has failed to file an annual report under § 279.016, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No</b>
9. Name and Address of Current Registered Agent <b>ALAN T RUDOLPH, M.D. - 6105 MEMORIAL HWY - SUITE M - TAMPA, FL 33615</b>		10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City <b>TAMPA</b> FL <b>85 33623</b></b>	

11. I, being the president of Section 607.06(a) and (b), Florida Statutes, the above named corporation, hereby, 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, and to bear with me, except the obligations of Section 607.06(b), Florida Statute.

Signed/Attest:

Officer or Director for the Corporation

For the Registered Agent or Registered Office Holder

Date:

12. OFFICERS AND DIRECTORS NAME TITLE/POSITION ADDRESS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS 1. TITLE 2. NAME 3. ADDRESS 4. CITY & ZIP 5. TITLE 6. NAME 7. ADDRESS 8. CITY & ZIP 9. TITLE 10. NAME 11. ADDRESS 12. CITY & ZIP 13. TITLE 14. NAME 15. ADDRESS 16. CITY & ZIP 17. TITLE 18. NAME 19. ADDRESS 20. CITY & ZIP 21. TITLE 22. NAME 23. ADDRESS 24. CITY & ZIP 25. TITLE 26. NAME 27. ADDRESS 28. CITY & ZIP 29. TITLE 30. NAME 31. ADDRESS 32. CITY & ZIP 33. TITLE 34. NAME 35. ADDRESS 36. CITY & ZIP 37. TITLE 38. NAME 39. ADDRESS 40. CITY & ZIP 41. TITLE 42. NAME 43. ADDRESS 44. CITY & ZIP 45. TITLE 46. NAME 47. ADDRESS 48. CITY & ZIP 49. TITLE 50. NAME 51. ADDRESS 52. CITY & ZIP 53. TITLE 54. NAME 55. ADDRESS 56. CITY & ZIP 57. TITLE 58. NAME 59. ADDRESS 60. CITY & ZIP 61. TITLE 62. NAME 63. ADDRESS 64. CITY & ZIP 65. TITLE 66. NAME 67. ADDRESS 68. CITY & ZIP 69. TITLE 70. NAME 71. ADDRESS 72. CITY & ZIP 73. TITLE 74. NAME 75. ADDRESS 76. CITY & ZIP 77. TITLE 78. NAME 79. ADDRESS 80. CITY & ZIP 81. TITLE 82. NAME 83. ADDRESS 84. CITY & ZIP 85. TITLE 86. NAME 87. ADDRESS 88. CITY & ZIP 89. TITLE 90. NAME 91. ADDRESS 92. CITY & ZIP 93. TITLE 94. NAME 95. ADDRESS 96. CITY & ZIP 97. TITLE 98. NAME 99. ADDRESS 100. CITY & ZIP 101. TITLE 102. NAME 103. ADDRESS 104. CITY & ZIP 105. TITLE 106. NAME 107. ADDRESS 108. CITY & ZIP 109. TITLE 110. NAME 111. ADDRESS 112. CITY & ZIP 113. TITLE 114. NAME 115. ADDRESS 116. CITY & ZIP 117. TITLE 118. NAME 119. ADDRESS 120. CITY & ZIP 121. TITLE 122. NAME 123. ADDRESS 124. CITY & ZIP 125. TITLE 126. NAME 127. ADDRESS 128. CITY & ZIP 129. TITLE 130. NAME 131. ADDRESS 132. CITY & ZIP 133. TITLE 134. NAME 135. ADDRESS 136. CITY & ZIP 137. TITLE 138. NAME 139. ADDRESS 140. CITY & ZIP 141. TITLE 142. NAME 143. ADDRESS 144. CITY & ZIP 145. TITLE 146. NAME 147. ADDRESS 148. CITY & ZIP 149. TITLE 150. NAME 151. ADDRESS 152. CITY & ZIP 153. TITLE 154. NAME 155. ADDRESS 156. CITY & ZIP 157. TITLE 158. NAME 159. ADDRESS 160. CITY & ZIP 161. TITLE 162. NAME 163. ADDRESS 164. CITY & ZIP 165. TITLE 166. NAME 167. ADDRESS 168. CITY & ZIP 169. TITLE 170. NAME 171. ADDRESS 172. CITY & ZIP 173. TITLE 174. NAME 175. ADDRESS 176. CITY & ZIP 177. TITLE 178. NAME 179. ADDRESS 180. CITY & ZIP 181. TITLE 182. NAME 183. ADDRESS 184. CITY & ZIP 185. TITLE 186. NAME 187. ADDRESS 188. CITY & ZIP 189. TITLE 190. NAME 191. ADDRESS 192. CITY & ZIP 193. TITLE 194. NAME 195. ADDRESS 196. CITY & ZIP 197. TITLE 198. NAME 199. ADDRESS 200. CITY & ZIP 1. Change <input type="checkbox"/> Add <input type="checkbox"/> 2. Change <input type="checkbox"/> Add <input type="checkbox"/> 3. Change <input type="checkbox"/> Add <input type="checkbox"/> 4. Change <input type="checkbox"/> Add <input type="checkbox"/> 5. Change <input type="checkbox"/> Add <input type="checkbox"/> 6. Change <input type="checkbox"/> Add <input type="checkbox"/> 7. Change <input type="checkbox"/> Add <input type="checkbox"/> 8. Change <input type="checkbox"/> Add <input type="checkbox"/> 9. Change <input type="checkbox"/> Add <input type="checkbox"/> 10. Change <input type="checkbox"/> Add <input type="checkbox"/> 11. Change <input type="checkbox"/> Add <input type="checkbox"/> 12. Change <input type="checkbox"/> Add <input type="checkbox"/> 13. Change <input type="checkbox"/> Add <input type="checkbox"/> 14. Change <input type="checkbox"/> Add <input type="checkbox"/> 15. Change <input type="checkbox"/> Add <input type="checkbox"/> 16. Change <input type="checkbox"/> Add <input type="checkbox"/> 17. Change <input type="checkbox"/> Add <input type="checkbox"/> 18. Change <input type="checkbox"/> Add <input type="checkbox"/> 19. Change <input type="checkbox"/> Add <input type="checkbox"/> 20. Change <input type="checkbox"/> Add <input type="checkbox"/> 21. Change <input type="checkbox"/> Add <input type="checkbox"/> 22. Change <input type="checkbox"/> Add <input type="checkbox"/> 23. Change <input type="checkbox"/> Add <input type="checkbox"/> 24. Change <input type="checkbox"/> Add <input type="checkbox"/> 25. Change <input type="checkbox"/> Add <input type="checkbox"/> 26. Change <input type="checkbox"/> Add <input type="checkbox"/> 27. Change <input type="checkbox"/> Add <input type="checkbox"/> 28. Change <input type="checkbox"/> Add <input type="checkbox"/> 29. Change <input type="checkbox"/> Add <input type="checkbox"/> 30. Change <input type="checkbox"/> Add <input type="checkbox"/>
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14. I declare, under penalty of perjury, that the information supplied with this filing is correct, true and does not apply for the corporation listed in Section 607.06(a), Florida Statute. I further certify that the information supplied on this application is supplemental to my original report in that it is accurate and that this certificate shall have the same legal effect as my original report. I also declare that the corporation has no other officer or director who is empowered to execute the report as required by Chapter 607, Florida Statute, and that the officer or director of this corporation is executing this report with an affidavit.

SIGNATURE: *Alan T. Rudolph, M.D.* 5/1/95 (813)885 60044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR