# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95 B-65207 C

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

APPROVED AND FILED
95 MAY -1 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004638 (3)

1. Corporation Name
ANESTHESIA PARTNERS, INC.

9 1995
JAN

Principal Place of Business
3708 MAYFAIR STREET
SUITE 103
DURHAM NC 27707

Mailing Address
ATTN: TAX DEPARTMENT
P.O. BOX 15309
DURHAM NC 27704
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 56-1660779 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes * ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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 13 | | |
|---|---|---|---|---|
| TITLE | PCD | 11 TITLE | PD | ☒ Change ☐ Addition |
| NAME | CLARKE, DAVID B | 12 NAME | Dillon, Scott | |
| STREET ADDRESS | 3708 MAYFAIR STREET, SUITE 103 | 13 STREET ADDRESS | 2828 Croasdaile Drive | |
| CITY ST ZIP | DURHAM NC 27707 | 14 CITY ST ZIP | Durham, NC 27705 | |
| TITLE | V | 21 TITLE | VCEOD | ☒ Change ☐ Addition |
| NAME | FINLEY, RICHARD H | 22 NAME | Moore, Charles R. | |
| STREET ADDRESS | 3708 MAYFAIR STREET, SUITE 103 | 23 STREET ADDRESS | 2828 Croasdaile Drive | |
| CITY ST ZIP | DURHAM NC 27707 | 24 CITY ST ZIP | Durham, NC 27705 | |
| TITLE | S | 31 TITLE | ST | ☒ Change ☐ Addition |
| NAME | [illegible] | 32 NAME | Roone, Kelly | |
| STREET ADDRESS | 3708 MAYFAIR STREET, SUITE 103 | 33 STREET ADDRESS | | |
| CITY ST ZIP | DURHAM NC 27707 | 34 CITY ST ZIP | | |
| TITLE | XD | 41 TITLE | D | ☒ Change ☐ Addition |
| NAME | FATER, DAVID H | 42 NAME | | |
| STREET ADDRESS | 2828 CROASDAILE DRIVE | 43 STREET ADDRESS | | |
| CITY ST ZIP | DURHAM NC | 44 CITY ST ZIP | | |
| TITLE | X | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | [illegible] | 52 NAME | Delete | |
| STREET ADDRESS | [illegible] | 53 STREET ADDRESS | | |
| CITY ST ZIP | DURHAM NC | 54 CITY ST ZIP | | |
| TITLE | AS | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMAS-HART, JACQUELINE | 62 NAME | | |
| STREET ADDRESS | 2828 CROASDAILE DRIVE | 63 STREET ADDRESS | | |
| CITY ST ZIP | DURHAM NC | 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jacqueline Thomas-Hart Jacqueline Thomas-Hart 4-28-95 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

*File-as-part-of-a-consolidated-return

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