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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90146 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000015062

1. Corporation Name
ABSOLUTE ANESTHESIA CORPORATION

Principal Place of Business 9506 SOUTH RED ROAD MIAMI FL 33156	Mailing Address 9506 SOUTH RED ROAD MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1825 Ponce De Leon Blvd.		2a. Mailing Address 26 1825 Ponce De Leon Blvd.		3. Date Incorporated or Qualified 02/16/1998	
Suite, Apt. #, etc. 22 Suite 273		Suite, Apt. #, etc. 27 Suite 273		4. FEI Number 165-0830515	
City & State 23 Coral Gables FL		City & State 28 Coral Gables FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33134		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 33134		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent OESTERLE, DOUGLAS W 9506 SOUTH RED ROAD MIAMI FL 33156				10. Name and Address of New Registered Agent			
81 Name Bernard J. Pino		82 Street Address (P.O. Box Number is Not Acceptable) 2401 Alhambra Circle 2401 Alhambra Circle		83 Street Address		84 City Coral Gables FL	
				85 Zip Code 33134			

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 Bernard J. Pino **Bernard J. Pino** Chief Operating Officer DATE **4/20/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARCIA-OTERO, MARIA		1.2 NAME Maria Garcia-Otero	
STREET ADDRESS 2401 ALHAMBRA CIRCLE		1.3 STREET ADDRESS 2401 Alhambra Circle	
CITY-ST-ZIP CORAL GABLES FL 33134		1.4 CITY-ST-ZIP Coral Gables, FL 33134-2110	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Chief Operating Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Bernard J. Pino	
STREET ADDRESS		2.3 STREET ADDRESS 2401 Alhambra Circle	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Coral Gables, FL 33134-2110	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Maria Garcia-Otero **Maria Garcia-Otero** President DATE **4/20/99** DAYTIME PHONE # **305-443-4623**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)