2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # J61806

1. Entity Name
INTERNATIONAL ANESTHESIOLOGY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1100 NW 95TH ST 2ND FLOOR MIAMI, FL 33150-2038	POST OFFICE BOX 530759 MIAMI, FL 33153

02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2816117

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, LYNDALL
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X Lyndall M Lamb 2/22/08
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000852709
03/26/08-80039-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHOU, MICHAEL, MD
STREET ADDRESS	4245 LAKE ROAD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	VP
NAME	VENDRYES, CHRIS MD
STREET ADDRESS	14422 SW 92 COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J Schou, MD 2/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Michael J Schou, MD, Pain Management
1100 NW 95 Str. 2nd floor Pain Center
Miami, Florida 33150-2098
Phone: 305 694 3775, Fax 305 694 3678
E mail: micschou@aol.com