2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State
07-29-2004 90001 034 ***150.00

DOCUMENT # M63068

1. Entity Name
CHILDREN'S ANESTHESIA ASSOCIATES, P.A.

54065467

Principal Place of Business	Mailing Address
3100 S.W. 62 AVE. MIAMI, FL 33155 US	3100 S.W. 62 AVE. MIAMI, FL 33155 US

07152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0017781 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUMBERG, JOHN 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33101	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSV ELLIS, LAURETTE M M.D. 7701 S.W. 132ND PLACE MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAUER, CHIRSTIAN W. 11120 S. W. 58 COURT MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTV TIROTTA, CHRISTOPHER F. M 3168 INVERNESS WESTON, FL 33332	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GONZALEZ, RAFAEL E 12048 SW 75 STREET MIAMI, FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MUNSHI, DOLLY K 1235 N GREENWAY DRIVE MIAMI, FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEE ATTACHED ADDITIONAL OFFICERS AND DIRECTORS ADDENDUM	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: Christian Bauer MD 7/16/04 3056666511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone x1341

Attachment
Doc. # M63068
340657467

DOCUMENT# M63068

CHILDRENS ANESTHESIA ASSOCIATES, P.A.
3100 S.W. 62 AVENUE
MIAMI, FLORIDA 33155

OFFICERS AND DIRECTORS ADDENDUM

Director/Treasurer/Vice President — **Addition**
Peggy J. Hui
7304 N W 108 Court
Miami, FL 33183

Vice President — **Addition**
Eylin M. Negrin
2153 S W 10 Street
Miami, FL 33135

Vice President — **Addition**
Parvine Sadeghi
1627 Brickell Avenue, #2105
Miami, FL 33129

Vice President — **Addition**
Debera Hui
4812 N W 112 Court
Miami, FL 33178