2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2005 8:00 am Secretary of State DOCUMENT # M63068 1. Entity Name 02-28-2005 90216 028 ***150.00 CHILDREN'S ANESTHESIA ASSOCIATES, P.A. Principal Place of Business Mailing Address 3100 S.W. 62 AVE. 3100 S.W. 62 AVE. 50019663 **MIAMI FL 33155** MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0017781 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33101** City 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 SIGNATURE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete THE ☐ Change ☐ Addition ELLIS, LAURETTE M M.D. NAME NAME 7701 S.W. 132ND PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME BÁUER, CHIRSTIAN W. NAME STREET ADDRESS 11120 S. W. 58 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GONZALEZ, RAFAEL E NAME STREET ADDRESS STREET ADDRESS 12048 SW 75 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 TITLE ☐ Delete TITLE Change ☐ Addition NAME MUNSHI, DOLLY K NAME 1235 N GREENWAY DRIVE STREET ADDRESS STREET ADDRESS MIAMI FL 33184 CITY-ST-ZIP CITY-ST-ZIP Addition THILE ☐ Delete TITLE [] Change NAME NAME Mendoza, Luis M STREET ADDRESS STREET ADDRESS 230 174 St Apt. 318 CITY-ST-ZIP CITY-ST-ZIP Sunny Tsle, FL 33160 TITLE ☐ Delete TITLE ☐ Addition SEE ATTACHED ADDENDUM NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

SIGNATURE:

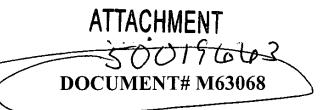
changed, or on an attachment with a

address, with all other like empowered.

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FILED

Daytrns Phone # /34/5



CHILDRENS ANESTHESIA ASSOCIATES, P.A. 3100 S.W. 62 AVENUE MIAMI, FLORIDA 33155 FEI Number 65-0017781

OFFICERS AND DIRECTORS ADDENDUM

Director/Treasurer/Vice President Peggy J. Hui 7304 N W 108 Court

7304 N W 108 Cour Miami, FL 33183

Vice President

Eylin M. Negrin 2153 S W 10 Street

Miami, FL 33135

Vice President

Parvine Sadeghi 1627 Brickell Avenue, #2105

Miami, FL 33129

Vice President

Debera Hui

4812 N W 112 Court

Miami, FL 33178

Vice President

Frank K. Wang 5384 N W 106 Court

Miami, FL 33178

Vice President

Christopher F. Tirotta

3168 Inverness

Weston, FL 33332

Vice President

Richard G. Lagueruela

11720 S W 67 Avenue

Miami, FL 33156

Addition

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