# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 19, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # M63068

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

| Principal Place of Business | Mailing Address |
|---|---|
| 3100 S.W. 62 AVE.<br>MIAMI FL 33155<br>US | 3100 S.W. 62 AVE.<br>MIAMI FL 33155<br>US |

1st MOORE CR2E034 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 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**

SUMBERG, JOHN
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33101

**7. Name and Address of New Registered Agent**

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 Christian Bauer MD 2/8/07
Signature, typed 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, 2007 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DSV<br>ELLIS, LAURETTE M M.D.<br>7701 S.W. 132ND PLACE<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>U00000639771<br>02/28/07-80040-011 150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BAUER, CHIRSTIAN W.<br>11120 S. W. 58 COURT<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>GONZALEZ, RAFAEL E<br>12048 SW 75 STREET<br>MIAMI FL 33183 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MUNSHI, DOLLY K<br>1235 N GREENWAY DRIVE<br>MIAMI FL 33184 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MENDOZA, LUIS M<br>230 174 ST APT 318<br>NORTH MIAMI BEACH FL 33160 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>LAGUERUELA, RICHARD G<br>11720 SW 67 AVENUE<br>MIAMI FL 33156 | ☐ 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 exemptions contained in Section 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:** Christian Bauer MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #