

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M63068

FILED
Apr 01, 2011
Secretary of State

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

Current Principal Place of Business:

3100 S.W. 62 AVE.
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

3100 S.W. 62 AVE.
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 65-0017781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, DR RAFAEL E MD
3100 S.W. 62 AVE.
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DSV
Name: SADEGHI, PARVINE M.D.
Address: 1627 BRICKELL AVENUE #2105
City-St-Zip: MIAMI, FL 33129 US

Title: V
Name: BAUER, CHIRSTIAN W.
Address: 11120 S. W. 58 COURT
City-St-Zip: MIAMI, FL 33156 US

Title: P
Name: GONZALEZ, RAFAEL E
Address: 12048 SW 75 STREET
City-St-Zip: MIAMI, FL 33183 US

Title: V
Name: ROMULO, CUY M
Address: 1215 PALERMO AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DTV
Name: HUI, PEGGY J
Address: 20201 E COUNTRY CLUB DRIVE #2503
City-St-Zip: ADVENTURA, FL 33180 US

Title: V
Name: LAGUERUELA, RICHARD G
Address: 11720 SW 67 AVENUE
City-St-Zip: MIAMI, FL 33156 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAFAEL E. GONZALEZ, MD

MD

04/01/2011

Electronic Signature of Signing Officer or Director

Date