

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094644

FILED
Feb 13, 2008
Secretary of State

Entity Name: SURFSIDE ANESTHESIA SERVICES, INC.

Current Principal Place of Business:

150 SW 12TH AVENUE
SUITE 480
POMPANO BEACH, FL 33069

Current Mailing Address:

P.O. BOX 21026
FT LAUDERDALE, FL 33355

New Principal Place of Business:

401 S.W. LEJEUNE ROAD
SUITE 200
CORAL GABLES, FL 33134 US

New Mailing Address:

P.O. BOX 21026
FT. LAUDERDALE, FL 33335 US

FEI Number: 65-0718526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMEO, RONALD E
401 SW 42 AVE
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

DEMEO, RONALD E
401 S.W. LEJEUNE ROAD
SUITE 200
CORAL GABLES, FL 33134 US

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: RONALD F. DEMEO

02/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: DEMEO, RONALD F
Address: 401 SW 42 AVE
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: DEMEO, RONALD F
Address: 401 S.W. LEJEUNE ROAD, SUITE 200
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD F. DEMEO

PST

02/13/2008

Electronic Signature of Signing Officer or Director

Date