

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53890

**FILED**  
**May 01, 2007**  
**Secretary of State**

**Entity Name:** VANGUARD ANESTHESIA ASSOCIATES, P.A.

**Current Principal Place of Business:**

5355 TOWN CENTER ROAD  
SUITE 405  
BOCA RATON, FL 33486 US

**Current Mailing Address:**

P.O. BOX 810967  
BOCA RATON, FL 334810967 US

**New Principal Place of Business:**

595 S FEDERAL HIGHWAY  
SUITE 250  
BOCA RATON, FL 33432 US

**New Mailing Address:**

FEI Number: 65-0268157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KRUGMAN, RICHARD S MD  
5355 TOWN CENTER ROAD  
SUITE 405  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

KRUGMAN, RICHARD S MD  
595 S FEDERAL HIGHWAY  
SUITE 250  
BOCA RATON, FL 33432 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: RICHARD S. KRUGMAN

05/01/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: KRUGMAN, RICHARD S MD  
Address: 5355 TOWN CENTER ROAD SUITE 405  
City-St-Zip: BOCA RATON, FL 33486

Title: VPS ( ) Delete  
Name: GIORDANO, TAMARA B  
Address: 5355 TOWN CENTER ROAD, SUITE 405  
City-St-Zip: BOCA RATON, FL 33846

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: KRUGMAN, RICHARD S MD  
Address: 595 S FEDERAL HIGHWAY, STE. 250  
City-St-Zip: BOCA RATON, FL 33432

Title: VPS (X) Change ( ) Addition  
Name: GIORDANO, TAMARA B  
Address: 595 S FEDERAL HIGHWAY, STE. 250  
City-St-Zip: BOCA RATON, FL 33432

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: TAMARA B. GIORDANO

VPS

05/01/2007

Electronic Signature of Signing Officer or Director

Date