

## **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000023393

**FILED**  
**Apr 22, 2005**  
**Secretary of State**

**Entity Name:** BOCA RATON AMBULATORY ANESTHESIA SERVICES, P.A.

**Current Principal Place of Business:**

40 NE 2ND AVE.  
DEERFIELD BCH, FL 33441

**New Principal Place of Business:**

800 MEADOWS ROAD  
BOCA RATON, FL 33486

**Current Mailing Address:**

40 NE 2ND AVE.  
DEERFIELD BCH, FL 33441

**New Mailing Address:**

**FEI Number:** 32-0007904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILSTEIN, STEVEN T  
40 NE 2ND AVE.  
DEERFIELD BCH, FL 33441 US

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

SCHAUER, JON C  
40 NE 2ND AVE.  
DEERFIELD BCH, FL 33441 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: JON C SCHAUER

04/22/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MILSTEIN, STEVEN R  
Address: 40 NE 2ND AVE.  
City-St-Zip: DEERFIELD BCH, FL 33441

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

Title: D (X) Change ( ) Addition  
Name: SCHAUER, JON C  
Address: 40 NE 2ND AVE.  
City-St-Zip: DEERFIELD BCH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JON C SCHAUER

DR.

04/22/2005

Electronic Signature of Signing Officer or Director

Date