2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2007
Secretary of State

DOCUMENT# P02000023393

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

Current Principal Place of Business:

800 MEADOWS ROAD
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

40 NE 2ND AVE.
DEERFIELD BCH, FL 33441

New Mailing Address:

641 SW 15TH STREET
BOCA RATON, FL 33486

FEI Number: 32-0007904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHAUER, JON C
641 SW 15TH ST
BOCA RATON, FL 33486 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: 04/15/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHAUER, JON C
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: 641 SW 15TH STREET
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the 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: JON SCHAUER D 04/15/2007
Electronic Signature of Signing Officer or Director — Date