2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 03, 2013
Secretary of State
CC3792097414

DOCUMENT# M63068

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

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 65-0017781

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, DR RAFAEL EMD
3100 S.W. 62 AVE.
MIAMI, FL 33155 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	P
Name	HUI, PEGGY J
Address	20201 E COUNTRY CLUB DRIVE, #2503
City-State-Zip:	MIAMI FL 33180

Title	DTV
Name	TIROTTA, CHRISTOPHER F
Address	3168 INVERNESS
City-State-Zip:	WESTON FL 33332

Title	VP
Name	GONZALEZ, RAFAEL E
Address	5852 PARADISE POINT DRIVE
City-State-Zip:	PALMETTO BAY FL 33157

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

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

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

Title	VP
Name	HUI, DEBERA
Address	20201 EAST COUNTRY CLUB DRIVE APT. 1102
City-State-Zip:	AVENTURA FL 33180

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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 04/03/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title VP
Name MENDOZA, LUIS M
Address 2000 N BAYSHORE DRIVE APT. 1504
City-State-Zip: MIAMI FL 33137

Title VP
Name WANG, FRANK K
Address 5384 N W 106 COURT
City-State-Zip: DORAL FL 33178

Title VP
Name NEGRIN, EYLIN M
Address 2153 S W 10 STREET
City-State-Zip: MIAMI FL 33135

Title VP
Name MADRIL, DANIELLE R MD
Address 2421 SAN DOMINGO STRETT
City-State-Zip: CORAL GABLES FL 33134