

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600008

FILED
Apr 26, 2006
Secretary of State

Entity Name: ANESTHESIA ASSOCIATES OF GREATER MIAMI, P.A.

Current Principal Place of Business:

6200 SW 73RD STREET
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

8301 NW 197 ST
MIAMI, FL 33015 US

New Mailing Address:

FEI Number: 59-0944132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEEMA, BALWANT
8301 NW 197 ST
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SCHRIER, HARRY B.,
Address: 7390 S.W. 153RD ST.
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: BLOCK, JEFFREY S
Address: 7299 SW 79 CT
City-St-Zip: MIAMI, FL 33143

Title: V () Delete
Name: BURNS, STEVEN
Address: 8301 NW 197 ST
City-St-Zip: MIAMI, FL 33015

Title: V () Delete
Name: CANNING, HILLARY A
Address: 10300 SW 56 AVE
City-St-Zip: MIAMI, FL 33156

Title: V () Delete
Name: FARKAS, JEREMY A
Address: 12075 SW 71 CT
City-St-Zip: MIAMI, FL 33156

Title: P () Delete
Name: MEISTER, MICHAEL
Address: 8301 NW 197TH STREET
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL MEISTER

Electronic Signature of Signing Officer or Director

P

04/26/2006

Date