

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90016 027 ***150.00

DOCUMENT # 600008
 1. Entity Name
ANESTHESIA ASSOCIATES OF GREATER MIAMI, P.A.



Principal Place of Business
6200 SW 73RD STREET
SOUTH MIAMI, FL 33143 US

Mailing Address
8301 NW 197 ST
MIAMI, FL 33015 US

40055524



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03272007 Chg-P CR2E034 (12/06)

4. FEI Number
59-0944132

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHEEMA, BALWANT
8301 NW 197 ST
MIAMI, FL 33015

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	SCHRIER, HARRY B.	
STREET ADDRESS	7390 S.W. 153RD ST.	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BLOCK, JEFFREY S	
STREET ADDRESS	7299 SW 79 CT	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURNS, STEVEN	
STREET ADDRESS	8301 NW 197 ST	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	V	<input type="checkbox"/> Delete
NAME	CANNING, HILLARY A	
STREET ADDRESS	10300 SW 56 AVE	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	V	<input type="checkbox"/> Delete
NAME	FARKAS, JEREMY A	
STREET ADDRESS	12075 SW 71 CT	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	P	<input type="checkbox"/> Delete
NAME	MEISTER, MICHAEL	
STREET ADDRESS	8301 NW 197TH STREET	
CITY-ST-ZIP	MIAMI, FL 33015	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRIER, HARRY B.	
STREET ADDRESS	7390 S.W. 153rd ST.	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALERMO, NICK N.	
STREET ADDRESS	11251 SW 82nd PLACE	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, STEVEN	
STREET ADDRESS	14063 S.W. 67th PLACE	
CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNING, HILLARY A.	
STREET ADDRESS	10300 S.W. 56th AVE.	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARKAS, JEREMY A.	
STREET ADDRESS	12075 S.W. 71st CT.	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISTER, MICHAEL J.	
STREET ADDRESS	5880 S.W. 116th ST.	
CITY-ST-ZIP	MIAMI, FL 33156	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nick Palermo MD

4/5/07 786-662-8192
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
40055524

2007 ANNUAL REPORT CONTINUATION

ANESTHESIA ASSOCIATES OF GREATER MIAMI, P.A.

DOCUMENT NO. 600008

Item 11:

DV ADDITION
ESCORCIA, EDUARDO
137 MORNING SIDE DR
MIAMI, FL 33133

DV ADDITION
FARAH, JORGE
3621 N. PROSPECT DR
MIAMI, FL 33133

DV ADDITION
POL, GUILLERMO
329 CAMPANA AVE
CORAL GABLES, FL 33156

DV ADDITION
RICARDO, RUBEN J.
9449 NW 54 DORAL CIRCLE LANE
DORAL, FL 33178

DV ADDITION
RUAN, JUAN E.
4628 NW 96 AVE
MIAMI, FL 33178

DV ADDITION
ZAYDEN, GRACIELA
10825 SW 135 TERRACE
MIAMI, FL 33176

DV ADDITION
ZAYED-MOUSTAFA, HATEM
650 WEST AVE #1409
MIAMI BEACH, FL 33139

ATTACHMENT
40055524
~~#600008~~

DV
ZEICHNER, STEVEN J.
10621 SW 76 AVENUE
MIAMI, FL 33156

ADDITION

V
GABAY, MAURICE
1620 S. BAYSHORE COURT #4
COCONUT GROVE, FL 33133

ADDITION

V
PREMARATNE, DEEPTHI
5361 SW 65 AVE
MIAMI, FL 33155

ADDITION

V
YEUNG, LUKE
8441 SW 162 TERRACE
PALMETTO BAY, FL 33157-3682

ADDITION