

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90006 049 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHEEMA, BALWANT 8301 NW 197 ST MIAMI, FL 33015		DO NOT WRITE IN THIS SPACE
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) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHRIER, HARRY B. 7390 S.W. 153RD ST. MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PALMERO, NICK N 11251 SW 82ND PLACE MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURNS, STEVEN 14063 S.W. 67TH PLACE MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CANNING, HILLARY A 10300 SW 56 AVE MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FARKAS, JEREMY A 12075 SW 71 CT MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEISTER, MICHAEL 5880 S.W. 116TH ST MIAMI, FL 33156	
DO NOT WRITE IN THIS SPACE		
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: <u>Michael Meister (President)</u> 4/24/08 305-6628192		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

40107652



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0944132

Applied For
Not Applicable

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

ATTACHMENT

40107652

2008 ANNUAL REPORT CONTINUATION

ANESTHESIA ASSOCIATES OF GREATER MIAMI, P.A.
DOCUMENT NO. 600008

Item 11:

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

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

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

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

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

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

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

ATTACHMENT

40107652

2008 ANNUAL REPORT CONTINUATION

ANESTHESIA ASSOCIATES OF GREATER MIAMI, P.A.
DOCUMENT NO. 600008

Item 11:

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

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

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

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

V
CRUZ, CARLOS ALBERTO
2566 TRAPP AVE
MIAMI, FL 33133

ADDITION