2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600117

FILED Apr 21, 2009 Secretary of State

Entity Name: BROWN, DAVILA, KHAN, MAZA, RUIZ & WHIRLEY-DIAZ, M.D.'S, P.A.

Current Principal Place of Business:				New Principal Place of Business:			
1500 SAN REMO AVE SUITE 285				1500 SAN REMO AVENUE			
CORAL GABLES, FL 33146				SUITE 285 CORAL GABLES, FL 33146			
Current Mailing Address:				New Mailing Address:			
1500 SAN REMO AVE SUITE 285 CORAL GABLES, FL 33146			1500 SAN REMO AVENUE SUITE 285 CORAL GABLES, FL 33146				
FEI Number: 59-0968885 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired (X)				
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:				
BREIER, ROBERT G ESQ 2800 PONCE DE LEON BOULEVARD SUITE 1125 CORAL GABLES, FL 33134 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.							
SIGNATUR	E:						
	Electroni	c Signature of Registered Agent			Da	ate	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ABINADER, JOS	AVE SUITE 285		Title: Name: Address: City-St-Zip:	() Change ()	Addition	
Title: Name: Address: City-St-Zip:	DAVILA, JOSE J	AVE SUITE 285		Title: Name: Address: City-St-Zip:	() Change ()	Addition	
Title: Name: Address: City-St-Zip:	ARBELAEZ, GEF	O AVE., STE. 285		Title: Name: Address: City-St-Zip:	() Change ()	Addition	
Title: Name: Address: City-St-Zip:	RUIZ, JORGE R	Delete D AVE SUITE 285 S, FL 33146 US		Title: Name: Address: City-St-Zip:	() Change ()	Addition	
Title: Name: Address: City-St-Zip:	MAZA, JORGE L	AVE SUITE 285		Title: Name: Address: City-St-Zip:	() Change ()	Addition	
Title: Name: Address: City-St-Zip:	HAZDAY, NELSO	AVE SUITE 285		Title: Name: Address: City-St-Zip:	() Change ()	Addition	
I hereby certify that the information supplied with this filing does not qualify 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: JOSE J. DAVILA PMD 04/21/2009

DOCTORS ANESTHESIA ASSOCIATES

J. ABINADER, M.D G. ARBELAEZ, M.D J.C. CUCALON, M.D. J.J. DAVILA, M.D

Jose J. Davija, M.D.

1500 SAN REMO AVE SUITE 285 CORAL GABLES, FLORIDA 33146 (305) 448-9018 FAX (305) 448-1895 E-MAIL DOCTORS@BELLSOUTH.NET N. HAZDAY, M.D M. A KHAN, M.D J.L. MAZA. M.D S. NYGARD, M.D J.R. RUIZ, M.D

March 2, 2009	- - <u></u>					
Division of Corporations						
Attn: Karen Saly						
PO Box 6327	- 					
Tallahassee, Florida 32314						
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Re: Brown, Davila, Khan, Maza, Ruiz & Whirley-Diaz						
Document # - 600117	·-					
FEIN# - 59-0968885	<u>-</u>					
LE114# - 23-0308082	. =7					
To whom it may concern:	_					
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Please make the following two additions to our corporation:						
Stephen Nygard						
Vice President						
1500 San Remo Avenue						
Suite 285	-					
Coral Gables, Florida 33146	_ .					
Corai Gables, Florida 55140	_					
Juan C. Cucalon, M.D.						
Vice President						
1500 San Remo Avenue						
Suite 285	_					
Coral Gables, Florida 33146	-					
Corai Gables, Florida 55146	-					
Should you have any questions you may contact our office at 305-448-9018.						
Sincerely, James m.s.						