

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603322

FILED
Apr 19, 2009
Secretary of State

Entity Name: ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

1903 S. CONGRESS AVE, SUITE 180
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

1717 WOOLBRIGHT AVE
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

19109 STREAMSIDE CRT
BOCA RATON, FL 33498 US

New Mailing Address:

FEI Number: 59-1370767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERULLO, JAMES A
1903 S. CONGRESS AVE, SUITE 180
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

RICHMAN, GARY M
19109 STREAMSIDE CT
BOCA RATON, FL 33498 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: GARY M RICHMAN, MD

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CERULLO, JAMES A
Address: 55 DOUGLAS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DVP () Delete
Name: RICHMAN, GARY M
Address: 9109 STREAMSIDE CT
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: RICHMAN, GARY M
Address: 19109 STREAMSIDE CT.
City-St-Zip: BOCA RATON, FL 33498

Title: DVP (X) Change () Addition
Name: QUINONES, APRIL T
Address: 2300 S. CONGRESS AVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

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: GARY M. RICHMAN, MD

PR

04/19/2009

Electronic Signature of Signing Officer or Director

Date