2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

07 NOV 13 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K96835

1. Entity Name
ATLANTIC COAST ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
8918 S FEDERAL HWY PORT ST. LUCIE, FL 34952	P.O. BOX 7520 PORT ST. LUCIE, FL 34952

11.14.07

10242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	2112 S US HWY 1
Suite, Apt. #, etc.	Suite, Apt. #, etc. 201
City & State	City & State FORT PIERCE FL
Zip / Country	Zip / Country 34950

4. FEI Number
65-0123516
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INGRAM, KEITH MD 8918 S FEDERAL HWY PORT ST LUCIE, FL 34952	Name: STACI L. LUDWIG CPA PA Street Address (P.O. Box Number is Not Acceptable): 2112 S US HWY 1 STE 201 City: FORT PIERCE FL Zip Code: 34950

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: [signature] CPA PA
Signature of, and printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

000011239019O
1/19/07--01004--011 **61.25

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD INGRAM, KEITH MD 8918 S FEDERAL HWY PORT ST LUCIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P INGRAM, KEITH MD 8918 S FEDERAL HWY PORT ST LUCIE FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DRAGN STEPHANIE 8918 S FEDERAL HWY PORT ST LUCIE FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRISPIN, JULIE 8918 S FEDERAL HWY PORT ST LUCIE FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LANGER, STEVEN 8918 S FEDERAL HWY PORT ST LUCIE FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] MD 11/8/7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #