

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020403

FILED
Jan 20, 2009
Secretary of State

Entity Name: AMBULATORY ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

4800 LINTON BLVD.
SUITE F101
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4800 LINTON BLVD.
SUITE F101
DELRAY BEACH, FL 33445

New Mailing Address:

20320 FAIRWAY OAKS DRIVE
382
BOCA RATON, FL 33434

FEI Number: 20-1593455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L
54 N.E. FOURTH AVE.
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR. () Delete
Name: BERGER, SCOTT A
Address: 4800 LINTON BLVD.
City-St-Zip: DELRAY BEACH, FL 334456506

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SCOTT A. BERGER

PRES

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date