

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000020403

**FILED**  
**Apr 29, 2010**  
**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:**

7815 NW BEACON SQUARE BLVD  
SUITE 101  
BOCA RATON, FL 33487

**Current Mailing Address:**

20320 FAIRWAY OAKS DRIVE  
382  
BOCA RATON, FL 33434

**New Mailing Address:**

**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:**

BERGER, SCOTT A  
7815 NW BEACON SQUARE BLVD  
SUITE 101  
BOCA RATON, FL 33487 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: SCOTT A BERGER MD

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR.  
Name: BERGER, SCOTT A  
Address: 7815 NW BEACON SQUARE BLVD  
City-St-Zip: BOCA RATON, FL 33487

I hereby 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 MD

MGR

04/29/2010

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