2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# L06000020403

Entity Name: AMBULATORY ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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:

BERGER, SCOTT A
7815 NW BEACON SQUARE BLVD
SUITE 101
BOCA RATON, FL 33487 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.
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 Statues.

SIGNATURE: SCOTT A BERGER MD MGR 04/26/2011

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