

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020403

FILED
Apr 28, 2012
Secretary of State

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:

9970 CENTRAL PARK BLVD
SUITE 401
BOCA RATON, FL 33428

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:

BERGER, SCOTT A
9970 CENTRAL PARK BLVD
SUITE 401
BOCA RATON, FL 33428 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

04/28/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR.
Name: BERGER, SCOTT A
Address: 9970 CENTRAL PARK BLVD
City-St-Zip: BOCA RATON, FL 33428

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

PRES

04/28/2012

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