

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000016650

Entity Name: MILLENNIUM ANESTHESIA, P.A.

FILED
Sep 26, 2007
Secretary of State

Current Principal Place of Business:

2229 N. COMMERCE PARKWAY
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

17840 VILLA CLUB WAY
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 65-0983239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINDIN, GARY S
17840 VILLA CLUB WAY
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

HINDIN, GARY S
2229 N. COMMERCE PARKWAY
WESTON, FL 33326 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:

09/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: HINDIN, GARY S
Address: 17840 VILLA CLUB WAY
City-St-Zip: BOCA RATON, FL 33496

Title: V () Delete
Name: CAIN, JOHN
Address: 1041 NE 27TH AVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete
Name: MOTTA, ALBERTO
Address: 7301 W. CYPRESSHEAD DRIVE
City-St-Zip: PARKLAND, FL 33067

Title: O () Delete
Name: MUENTE, VICTOR
Address: 6810 YELLOWSTONE LANE
City-St-Zip: PARKLAND, FL 33067

Title: O () Delete
Name: PINTO, SERGIO
Address: 5945 NW 81ST TERRACE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY HINDIN

D

09/26/2007

Electronic Signature of Signing Officer or Director

Date