2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P01000119010

Entity Name: AESTHETIC ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

11985 SOUTHERN BOULEVARD
SUITE 201
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

11985 SOUTHERN BOULEVARD
SUITE 201
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-1159622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDFINGER, DAVID
11985 SOUTHERN BOULEVARD
SUITE 201
ROYAL PALM BEACH, FL 33411 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOLDFINGER, DAVID MD
Address: 11985 SOUTHERN BOULEVARD
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete
Name: MARTINEZ, RICARDO MD
Address: 11985 SOUTHERN BOULEVARD
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete
Name: KUCHCIAK, ANDRZEJ MD
Address: 11985 SOUTHERN BOULEVARD
City-St-Zip: ROYAL PALM BEACH, FL 33411

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:

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: DAVID GOLDFINGER, MD D 04/29/2008
Electronic Signature of Signing Officer or Director — Date