

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002642

FILED
Apr 02, 2009
Secretary of State

Entity Name: AMBULATORY ANESTHESIA SERVICES, INC.

Current Principal Place of Business:

502 W HIGHLAND BLVD
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

PO BOX 895426
LEESBURG, FL 347895426

New Mailing Address:

FEI Number: 01-0574009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAVETTA, LUDWIG M.D
P.O BOX 895426
8917 SILVER LAKE DR.
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

BAVETTA, LUDWIG M.D
8917 SILVER LAKE DR
LEESBURG, FL 34788 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: LUDWIG BAVETTA MD

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BAVETTA, LUDWIG
Address: 8917 SILVER LAKE DR.
City-St-Zip: LEESBURG, FL 34788

Title: VPS () Delete
Name: BAVETTA, JILL
Address: 8917 SILVER LAKE DR.
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LUDWIG BAVETTA

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date