

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002642

**FILED**  
**Apr 12, 2012**  
**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  
8917 SILVER LAKE DR  
LEESBURG, FL 34788 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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: LUDWIG BAVETTA

PRES

04/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date