

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000077684

FILED  
Nov 12, 2004  
Secretary of State

Entity Name: AMBULATORY ANESTHESIA ASSOCIATES, INC.

**Current Principal Place of Business:**

4800 LINTON BLVD BLDG B  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

4800 LINTON BLVD  
BLDG F SUITE 101  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

4800 LINTON BLVD BLDG B  
DELRAY BEACH, FL 33445

**New Mailing Address:**

4800 LINTON BLVD  
BLDG F SUITE 101  
DELRAY BEACH, FL 33445

FEI Number: 20-1593455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COHEN, JEFFREY L ESQ  
54 NE FOURTH AVE  
DELRAY BEACH, FL 33483 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. ( ) Change (X) Addition  
Name: SCOTT, BERGER A PRES  
Address: 4800 LINTON BLVD #F101  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT A. BERGER, M.D.

PRES

11/12/2004

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

\_\_\_\_\_ Date