

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077684

**FILED**  
**Jul 02, 2008**  
**Secretary of State**

**Entity Name:** AMBULATORY ANESTHESIA ASSOCIATES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

4800 LINTON BLVD  
BLDG F SUITE 101  
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 ( )**

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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: SCOTT A. BERGER, M.D.

PRES

07/02/2008

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

\_\_\_\_\_ Date