

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077684

FILED
Jan 20, 2009
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:

20320 FAIRWAY OAKS DRIVE
382
BOCA RATON, FL 33434

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

PRES

01/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date