

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077684

FILED
Apr 29, 2010
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:

7815 NW BEACON SQUARE BLVD
SUITE 101
BOCA RATON, FL 33487

Current Mailing Address:

20320 FAIRWAY OAKS DRIVE
382
BOCA RATON, FL 33434

New Mailing Address:

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:

BERGER, SCOTT A
7815 NW BEACON SQ BLVD
SUITE 101
BOCA RATON, FL 33487 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: SCOTT A BERGER MD 04/29/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR.
Name: SCOTT, BERGER A PRES
Address: 7815 NW BEACON SQUARE BLVD
City-St-Zip: BOCA RATON, FL 33487

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: SCOTT A BERGER MD MGR 04/29/2010

Electronic Signature of Signing Officer or Director Date