

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077684

FILED
Apr 26, 2011
Secretary of State

Entity Name: AMBULATORY ANESTHESIA ASSOCIATES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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:

BERGER, SCOTT A
7815 NW BEACON SQ BLVD
SUITE 101
BOCA RATON, FL 33487 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: 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

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date