

# 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