2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-05-2004 90008 014 ***158.75

DOCUMENT # P03000092598

1. Entity Name
AMBULATORY ANESTHESIA PROVIDERS, INC.

Principal Place of Business	Mailing Address
2835 HAWTHORNE LANE WEST PALM BEACH FL 33409 US	2835 HAWTHORNE LANE WEST PALM BEACH FL 33409 US

66906041

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0170156 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOUTHWEST PROFESSIONAL SERVICES OF SO FL I
13571 MCGREGOR BLVD #22
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Southwest Prof. Services of South Fla

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENBERG, JULIE 2835 HAWTHORNE LANE WEST PALM BEACH FL 33409	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________ 3-1-04 561 697-8263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #