


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90031 047 \*\*\*150.00

<b>DOCUMENT # P03000092598</b>					
<b>1. Entity Name</b> <b>AMBULATORY ANESTHESIA PROVIDERS, INC.</b>					
<b>Principal Place of Business</b> <b>2835 HAWTHORNE LANE</b> <b>WEST PALM BEACH, FL 33409 US</b>			<b>Mailing Address</b> <b>3450 S. OCEAN BLVD</b> <b>#424</b> <b>PALM BEACH, FL 33480 US</b>		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b> <b>2835 Hawthorne Ln.</b>  Suite, Apt. #, etc.			
<b>City &amp; State</b>  City: <b>West Palm Beach, Fla</b>		<b>4. FEI Number</b> <b>20-0170156</b>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>Zip</b> <b>33409</b>	<b>Country</b> <b>USA</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>SOUTHWEST PROFESSIONAL SERVICES OF SO FL I</b> <b>13571 MCGREGOR BLVD #22</b> <b>FORT MYERS, FL 33919</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2006</b>		<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>ROSENBERG, JULIE</b> <b>2835 HAWTHORNE LANE</b> <b>WEST PALM BEACH, FL 33409</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b> <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE: Julie Rosenberg</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>7-23-06 (561)697-0263</b> <small>Date Daytime Phone #</small>		