

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 08:00 A
Secretary of State

DOCUMENT # P03000092598

1. Entity Name
AMBULATORY ANESTHESIA PROVIDERS, INC.



Principal Place of Business
**2835 HAWTHORNE LANE
WEST PALM BEACH, FL 33409 US**

Mailing Address
**2835 HAWTHORNE LN
WEST PALM BEACH, FL 33409 US**



05152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000764906
05/31/07-80018-006 158.75
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ROSENBERG, JULIE
2835 HAWTHORNE LANE
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-07 561 697 8263

Date

Daytime Phone #