2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P03000092598

Entity Name: AMBULATORY ANESTHESIA PROVIDERS, INC.

Current Principal Place of Business:

2835 HAWTHORNE LANE
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

2835 HAWTHORNE LANE
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 20-0170156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROSENBERG, JULIE
Address: 2835 HAWTHORNE LANE
City-St-Zip: WEST PALM BEACH, FL 33409 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIE A ROSENBERG PRES 03/24/2009

Electronic Signature of Signing Officer or Director Date