

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017893

FILED
Apr 03, 2012
Secretary of State

Entity Name: AVENTURA ANESTHESIA, INC.

Current Principal Place of Business:

1602 ALTON ROAD
UNIT 393
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1602 ALTON ROAD
UNIT 393
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 51-0513353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFFERTY, JOHN P M.D.
1602 ALTON ROAD
UNIT 393
MIAMI BEACH, FL 33139 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: P,VP
Name: LAFFERTY, JOHN M.D.
Address: 1602 ALTON ROAD, UNIT #393
City-St-Zip: MIAMI BEACH, FL 33139

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: JOHN PETER LAFFERTY, IV, M.D.

PR

04/03/2012

Electronic Signature of Signing Officer or Director

Date