

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000022896

FILED
May 01, 2009
Secretary of State

Entity Name: MIRAMAR ANESTHESIA & PAIN MEDICINE, P.A.

Current Principal Place of Business:

8224 S.W. 179TH TERRACE
PALMETTO BAY, FL 33157

New Principal Place of Business:

8224 S.W. 179TH TERRACE
PALMETTO BAY, FL 33157 US

Current Mailing Address:

200 SOUTH BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131

New Mailing Address:

200 SOUTH BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131 US

FEI Number: 20-4361977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRATT, WILLIAM J JR
200 S. BISCAYNE BLVD
SUITE 3900
MIAMI, FL 33131 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: RODRIGUEZ, IGNACIO J M.D.
Address: 8224 S.W. 179TH TERRACE
City-St-Zip: PALMETTO BAY, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: RODRIGUEZ, IGNACIO J M.D.
Address: 8224 S.W. 179TH TERRACE
City-St-Zip: PALMETTO BAY, FL 33157 US

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: IGNACIO J. RODRIGUEZ, M.D.

DPST

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date