# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2011**
**Secretary of State**

DOCUMENT# P06000080696

**Entity Name:** AMERICAN ANESTHESIOLOGY OF FLORIDA, INC.

**Current Principal Place of Business:**

1301 CONCORD TERRACE
SUNSIRE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1301 CONCORD TERRACE
SUNSIRE, FL 33323

**New Mailing Address:**

**FEI Number: 20-5055554** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: WAGNER, KARL B
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: S
Name: HAWKINS, THOMAS W
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: T
Name: LOPEZ-BLANCO, VIVIAN
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

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: VIVIAN LOPEZ-BLANCO T 04/22/2011

Electronic Signature of Signing Officer or Director — Date