


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90245 002 \*\*\*150.00

<b>DOCUMENT # P07000087245</b>					
<b>1. Entity Name</b> PREMIER ANESTHESIA OF BOYNTON BEACH, P.A.					
<b>Principal Place of Business</b> 2815 S. SEACREST BLVD. BOYNTON BEACH, FL 33435			<b>Mailing Address</b> 2815 S. SEACREST BLVD. BOYNTON BEACH, FL 33435		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 3650 Manseil Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 310			
<b>City &amp; State</b>		City & State Alpharetta Georgia		<b>4. FEI Number</b> 26-0610098	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
30022		Fulton		04302008 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE</span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D <input type="checkbox"/> Delete CERVANTES, MIGUEL III MD 2815 S. SEACREST BLVD. BOYNTON BEACH, FL 33435		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Nina B. Altman</u> <span style="float: right;">4/28/08 (678) 992-1647</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					