# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 04, 2009**
**Secretary of State**

DOCUMENT# P07000087245

**Entity Name:** PREMIER ANESTHESIA OF BOYNTON BEACH, P.A.

**Current Principal Place of Business:**

2815 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

3650 MANSELL RD
ALPHARETTA, GA 30022

**New Mailing Address:**

2655 NORTHWINDS PKWY
ALPHARETTA, GA 30009 US

**FEI Number: 26-0610098** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: CERVANTES, MIGUEL III MD
Address: 2815 S. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

**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: D. GALE ORY VP 05/04/2009

Electronic Signature of Signing Officer or Director Date