

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000040495

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: DREAMWORK ANESTHESIA, P.A.

## Current Principal Place of Business:

3540 PALM DRIVE  
WEST PALM BEACH, FL 33404

## New Principal Place of Business:

2435 WESTMONT DRIVE  
ROYAL PALM BEACH, FL 33411

## Current Mailing Address:

3540 PALM DRIVE  
WEST PALM BEACH, FL 33404

## New Mailing Address:

2435 WESTMONT DRIVE  
ROYAL PALM BEACH, FL 33411

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZANE, JEFFREY P  
4100 RCA BLVD  
SUITE 100  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

ZANE, JEFFREY P  
4100 RCA BLVD  
SUITE 110  
PALM BEACH GARDENS, FL 33410 US

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: JEFFREY P ZANE

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete  
Name: PEASE, SONYA MD  
Address: 3540 PALM DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33404

Title: S,D ( ) Delete  
Name: MILLER, BRIAN T MD  
Address: 2435 WESTMONT DRIVE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S, D (X) Change ( ) Addition  
Name: BELL, ELIJAH MD  
Address: 903 45 STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: P,D (X) Change ( ) Addition  
Name: MILLER, BRIAN T MD  
Address: 2435 WESTMONT DRIVE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: BRIAN MILLER

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date