

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

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

DOCUMENT# P08000043267

Entity Name: JACKSONVILLE BEACHES ANESTHESIA ASSOCIATES, INC.

**Current Principal Place of Business:**

136 KINGFISHER DRIVE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

1613 NORTH HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323

**Current Mailing Address:**

136 KINGFISHER DRIVE  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

1613 NORTH HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323

FEI Number: 26-2664313      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE SUITE 4  
WESTON, FL 33331      US

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

MARTUS, JAY A  
1613 NORTH HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323 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: JAY A. MARTUS      05/04/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: DPST      ( ) Delete  
Name: THOMAS, SUSAN J MD  
Address: 136 KINGFISHER DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST      (X) Change ( ) Addition  
Name: THOMAS, SUSAN J MD  
Address: 1613 N. HARRISON PKWY., SUITE 200  
City-St-Zip: SUNRISE, FL 33323

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: SUSAN J. THOMAS, M.D.      P      05/04/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date