

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000043267

FILED
Jun 22, 2009
Secretary of State**Entity Name:** JACKSONVILLE BEACHES ANESTHESIA ASSOCIATES, INC.**Current Principal Place of Business:**1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323**New Principal Place of Business:****Current Mailing Address:**1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323**New Mailing Address:****FEI Number:** 26-2664313 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARTUS, JAY A
1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 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:** DPST () Delete
Name: THOMAS, SUSAN J MD
Address: 1613 N. HARRISON PKWY., SUITE 200
City-St-Zip: SUNRISE, FL 33323**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CEOD (X) Change () Addition
Name: EISENBERG, MITCHELL
Address: 1613 N. HARRISON PKWY., SUITE 200
City-St-Zip: SUNRISE, FL 33323**Title:** PD () Change (X) Addition
Name: GOLD, LEWIS
Address: 1613 NORTH HARRISON PARKWAY, SUITE 200
City-St-Zip: SUNRISE, FL 33323**Title:** CFOD () Change (X) Addition
Name: COWARD, ROBERT
Address: 1613 NORTH HARRISON PARKWAY, SUITE 200
City-St-Zip: SUNRISE, FL 33323**Title:** SVPS () Change (X) Addition
Name: MARTUS, JAY
Address: 1613 NORTH HARRISON PARKWAY, SUITE 200
City-St-Zip: SUNRISE, FL 33323**Title:** SVP () Change (X) Addition
Name: DROZDOW, GILBERT
Address: 1613 N HARRISON PARKWAY 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: JAY A. MARTUS

Electronic Signature of Signing Officer or Director

SVPS

06/22/2009

Date