

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000057791

FILED
May 01, 2009
Secretary of State**Entity Name:** FLAMINGO ANESTHESIA ASSOCIATES, INC.**Current Principal Place of Business:**3864 BIMINI AVE
COOPER CITY, FL 33026**New Principal Place of Business:**1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323**Current Mailing Address:**3864 BIMINI AVE
COOPER CITY, FL 33026**New Mailing Address:**1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323**FEI Number:** 26-2804804**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NRAI SERVICES
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

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DPST () Delete
Name: LEIBOWITZ, HOWARD MD
Address: 3864 BIMINI AVE
City-St-Zip: COOPER CITY, FL 33026**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: HOWARD LEIBOWITZ, MD

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date