

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000057791

**FILED**  
**Jun 22, 2009**  
**Secretary of State****Entity Name:** FLAMINGO 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:** 26-2804804**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: LEIBOWITZ, HOWARD MD  
Address: 3864 BIMINI AVE  
City-St-Zip: COOPER CITY, FL 33026

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 NORTH HARRISON PARKWAY, 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: SVPD ( ) 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 NORTH HARRISON PKWY STE 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

SVPS

06/22/2009

Electronic Signature of Signing Officer or Director

Date