

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 22, 2009
Secretary of State**

DOCUMENT# P08000057791

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:

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