2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P08000093700

Entity Name: ADVANCED ANESTHESIA OF PALM BEACH COUNTY, PA

Current Principal Place of Business:

12989 SOUTHERN BOULEVARD
SUITE 202
LOXAHATCHEE, FL 33470

New Principal Place of Business:

5065 SR 7
SUITE 201
LAKE WORTH, FL 33449

Current Mailing Address:

P. O. BOX 213039
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAMER, CHARLES W
1411 EDGEWATER DRIVE
SUITE 200
ORLANDO, FL 32804 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EISENMAN, RICHARD
Address: 12989 SOUTHERN BOULEVARD, SUITE 202
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP ( ) Delete
Name: EISENMAN, JESSE
Address: 12989 SOUTHERN BOULEVARD, SUITE 202
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: EISENMAN, RICHARD E
Address: 5065 SR 7
City-St-Zip: LAKE WORTH, FL 33449

Title: VP (X) Change ( ) Addition
Name: EISENMAN, JESSE H
Address: 5065 SR 7
City-St-Zip: LAKE WORTH, FL 33449

Title: MNG ( ) Change (X) Addition
Name: TALBOTT, MADELEINE C MANAGER
Address: 5065 SR7
City-St-Zip: LAKE WORTH, FL 33449

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: MADELEINE C. TALBOTT MNG 03/17/2009

Electronic Signature of Signing Officer or Director — Date