2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000045525

1. Entity Name
MOBILE ANESTHESIA ASSOCIATES, INC

Principal Place of Business	Mailing Address
4362 NORTHLAKE BLVD STE 400 PALM BEACH GARDENS, FL 33410 US	PO BOX 85057 SAN DIEGO, CA 92186-5057 US

01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0499574
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COEL, MARK A ESQ
ONE LINCOLN PLACE
1900 GLADES ROAD,SUITE 350
BOCA RATON, FL 33431-0000

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LEVINE, MARC
STREET ADDRESS	3500 SW CENTRE COURT
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VSD
NAME	STIEFEL, ROBERT
STREET ADDRESS	6575 NW 33RD AVE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	ALVAREZ, RAMON
STREET ADDRESS	8858 STEEPLECHASE DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/06-80048-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marc Levine, M.D., President (858) 495-2071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #